Submit 3 Copies To Appropriate District Office

District I - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 1000 Rio Brazos Rs., Aztec, NM 87410 District IV - (505) 476-3460

1220 S. St. Francis Dr., Santa Fe, NM

HILCORP ENERGY COMPANY

P.O. Box 4700 Farmington, NM 87499

Α

21

87505

PROPOSALS.)

1. Type of Well: 2. Name of Operator

4. Well Location

Unit Letter

Section

3. Address of Operator

## State of New Mexico Energy, Minerals and Natural Resources

**OIL CONSERVATION DIVISION** 1220 South St. Francis Dr. Santa Fe, NM 87505

Other

145' FNL & 460' FEL

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Range

005W

029N

6708' GR

SUNDRY NOTICES AND REPORTS ON WELLS

Gas Well

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH

X

Footage

Township

Oil Well

|   | Form C-103                           |  |  |
|---|--------------------------------------|--|--|
|   | Revised July 18, 2013                |  |  |
| WELL API NO.                                  |                                      |  |  |
| 30-039-29727                                  |                                      |  |  |
| 5. Indicate Type of Lease  STATE FEE X        |                                      |  |  |
|   | 6. State Oil & Gas Lease No.         |  |  |
|   | FEE                                  |  |  |
|   | 7. Lease Name or Unit Agreement Name |  |  |
| SAN JUAN 29-5 UNIT                            |                                      |  |  |
|   | 8. Well Number 69F                   |  |  |
|   | 9. OGRID Number                      |  |  |
|   | 372171                               |  |  |
|   | 10. Pool name or Wildcat             |  |  |
|   | DK - BASIN::DAKOTA                   |  |  |
|   | MV - BLANCO::MESAVERDE               |  |  |
|   |                                      |  |  |
|   |                                      |  |  |
|   |                                      |  |  |
| RIO ARRIBA COUNTY                             |                                      |  |  |
|   |                                      |  |  |
| CE, REPORT OR OTHER DATA                      |                                      |  |  |
| SUBSEQUENT REPORT OF:                         |                                      |  |  |
| RK ALTERING CASING                            |                                      |  |  |
| ILL   | LING OPNS. P AND A                   |  |  |
| Τ.  | JOB                                  |  |  |
|   |                                      |  |  |
|   |                                      |  |  |
| -   | Redelivery                           |  |  |
| ive pertinent dates, including estimated date |                                      |  |  |
| ior   | ns: Attach wellbore diagram of       |  |  |
| 001   | rhone                                |  |  |
| carbons.                                      |                                      |  |  |
| TURNED TO PRODUCTION.                         |                                      |  |  |
|   | OIL CONS. DIV DIST. 3                |  |  |
| OCT 27 2017                                   |                                      |  |  |
| UCI Z.  |                                      |  |  |
|   |                                      |  |  |
|   |                                      |  |  |
| ief.  |                                      |  |  |
| ns/Regulatory Tech - Sr. DATE 10/25/2017      |                                      |  |  |

| 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA  |   |  |  |
|---|---|--|--|
| NOTICE OF INTENTION TO:   | SUBSEQUENT REPORT OF:   |  |  |
| PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING MULTIPLE COMPL DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER:  | REMEDIAL WORK  COMMENCE DRILLING OPNS.  CASING/CEMENT JOB  ALTERING CASING  P AND A |  |  |
| OTHER:  | OTHER: X - Redelivery   |  |  |
| 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. |   |  |  |
| This well was re-delivered on 10/23/2017 and produced natural gas and entrained hydrocarbons.   |   |  |  |
| Notes: WELL WAS SHUT IN FOR MORE THAN 90 DAYS DUE TO DOWN   | HOLE ISSUES. RETURNED TO PRODUCTION.  |  |  |
| TP: 505   | OIL CONS. DIV DIST. 3   |  |  |
| Meter No.: 83999  Proj Type.: REDELIVERY  | Gas Co.: WFC 0CT 27 2017  |  |  |
| Spud Date: 11/9/2006 Rig Released Date:   |   |  |  |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |   |  |  |
| SIGNATURE TAMES JAMES   | TITLE Operations/Regulatory Tech - Sr. DATE 10/25/2017                              |  |  |
| Type or print name Tammy Jones E-mail address:  | tajones@hilcorp.com PHONE: 505.324.5185   |  |  |
| APPROVED BY: Occapied for Record Conditions of Approval (if any):   | TITLE DATE  |  |  |
|   |   |  |  |