

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 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

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

OIL CONS. DIV DIST. 3

DEC 06 2017

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br><b>30-045-34342</b>                                                                 |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br><b>E-1199</b>                                                       |
| 7. Lease Name or Unit Agreement Name<br><b>HUERFANITO UNIT</b>                                      |
| 8. Well Number <b>78N</b>                                                                           |
| 9. OGRID Number<br><b>372171</b>                                                                    |
| 10. Pool name or Wildcat<br><b>DK - BASIN::DAKOTA<br/>MV - BLANCO::MESAVERDE</b>                    |

**SUNDRY NOTICES AND REPORTS ON WELLS**  
 (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 PROPOSALS.)

1. Type of Well:  Oil Well  Gas Well  Other

2. Name of Operator  
**HILCORP ENERGY COMPANY**

3. Address of Operator  
**P.O. Box 4700 Farmington, NM 87499**

4. Well Location

|             |           |                        |                                 |       |             |
|-------------|-----------|------------------------|---------------------------------|-------|-------------|
| Unit Letter | <b>H</b>  | Footage                | <b>1600' FNL &amp; 885' FEL</b> |       |             |
| Section     | <b>36</b> | Township               | <b>027N</b>                     | Range | <b>009W</b> |
|             |           | <b>SAN JUAN COUNTY</b> |                                 |       |             |

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**6149' GR**

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

NOTICE OF INTENTION TO:

- |                                                |                                           |
|------------------------------------------------|-------------------------------------------|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     |
| PULL OR ALTER CASING <input type="checkbox"/>  | MULTIPLE COMPL <input type="checkbox"/>   |
| DOWNHOLE COMMINGLE <input type="checkbox"/>    |                                           |
| CLOSED-LOOP SYSTEM <input type="checkbox"/>    |                                           |
| OTHER: <input type="checkbox"/>                |                                           |

SUBSEQUENT REPORT OF:

- |                                                         |                                          |
|---------------------------------------------------------|------------------------------------------|
| REMEDIAL WORK <input type="checkbox"/>                  | ALTERING CASING <input type="checkbox"/> |
| COMMENCE DRILLING OPNS. <input type="checkbox"/>        | P AND A <input type="checkbox"/>         |
| CASING/CEMENT JOB <input type="checkbox"/>              |                                          |
| OTHER: <input checked="" type="checkbox"/> - 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 9/29/2017 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 9/29/2017.

TP: 1 CP: 384 Initial MCF: 20  
 Meter No.: 88339 Gas Co.: ENT  
 Proj Type.: REDELIVERY  
 Spud Date: 8/10/2007 Rig Released Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Christine Brock TITLE Operations/Regulatory Tech - Sr. DATE 12/5/17

Type or print name Christine Brock E-mail address: cbrock@hilcorp.com PHONE: N/A

For State Use Only

APPROVED BY: Accepted for Record TITLE AV DATE \_\_\_\_\_

Conditions of Approval (if any):