

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

WELL API NO. 30-045-30074
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-1203-9
7. Lease Name or Unit Agreement Name MIMS STATE COM
8. Well Number 1B
9. OGRID Number 372171
10. Pool name or Wildcat MV - BLANCO::MESAVERDE

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	F	Footage	1460' FNL & 1740' FWL		
Section	16	Township	029N	Range	009W
		SAN JUAN COUNTY			

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
5791' 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 4/3/2018 and produced natural gas and entrained hydrocarbons.

Notes: WELL WAS SHUT IN FOR MORE THAN 90 DAYS DUE TO ECONOMICS. RETURNED TO PRODUCTION 4/3/2018

TP: 145 CP: 230 Initial MCF: 294
 Meter No.: 3628930 Gas Co.: WFC
 Proj Type.: REDELIVERY
 Spud Date: 3/24/2000 Rig Released Date:

NMOC
 APR 24 2018
 DISTRICT III

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 4/24/2018

Type or print name Christine Brock E-mail address: cbrock@hilcorp.com PHONE: 505.324.5155

APPROVED BY: ACCEPTED FOR RECORD TITLE _____ DATE _____

Conditions of Approval (if any):

A