

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. 30-045-32287
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-3149-11
7. Lease Name or Unit Agreement Name STATE GAS COM BI
8. Well Number 4
9. OGRID Number 372171
10. Pool name or Wildcat FRC - BASIN::FRUITLAND COAL

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
382 Road 3100 Aztec, NM 87410

4. Well Location
 Unit Letter **C** Footage **887' FNL & 1535' FWL**
 Section **16** Township **030N** Range **013W** **SAN JUAN COUNTY**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
5447' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING MULTIPLE COMPL
 DOWNHOLE COMMINGLE
 CLOSED-LOOP SYSTEM
 OTHER:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. P AND A
 CASING/CEMENT JOB
 OTHER: - Cancel 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.

Hilcorp Energy would like to cancel the redelivery for the subject well that was submitted on 9/3/2019. The well was being evaluated for possible production and was unsuccessful. The well should remain in ACOI shut-in status per ACOI 2017-003A.

Returned to shut in status

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

SIGNATURE *Priscilla Shorty* TITLE Operations/Regulatory Tech - Sr. DATE 10/10/2019
 Type or print name Priscilla Shorty E-mail address: pshorty@hilcorp.com PHONE: 505.324.5188

APPROVED BY: *Accepted for Record* TITLE _____ DATE _____
 Conditions of Approval (if any): *AX*