

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.
30-045-30759

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.
STATE

7. Lease Name or Unit Agreement Name
WF STATE 2

8. Well Number **3**

9. OGRID Number
372171

10. Pool name or Wildcat
FRC - BASIN::FRUITLAND COAL
PC - HARPER HILL::PICTURED CLIFFS

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 **N** Footage **1237' FSL & 1790' FWL**
 Section **02** Township **030N** Range **014W** **SAN JUAN COUNTY**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
5955' 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: - 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 returned the above well to production on 10/11/2019, after being shut-in for more than 90 days.

Notes: THIS WAS AN ACOI WELL

NMOCD
FEB 05 2020
DISTRICT III

Spud Date: **7/14/2003**

Rig Released Date:

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

SIGNATURE *Mandi Walker* TITLE Operations/Regulatory Tech - Sr. DATE 2/3/2020

Type or print name Mandi Walker E-mail address: mwalker@hilcorp.com PHONE: 505.324.5122

APPROVED BY: *Accepted for Record* TITLE _____ DATE _____

Conditions of Approval (if any):

AR