

| <b>District I</b><br>1625 N. French Dr., Hobbs, NM 88240<br>Phone:(575) 393-6161 Fax:(575) 393-0720<br><b>District II</b><br>811 S. First St., Artesia, NM 88210<br>Phone:(575) 748-1283 Fax:(575) 748-9720<br><b>District III</b><br>1000 Rio Brazos Rd., Aztec, NM 87410<br>Phone:(505) 334-6178 Fax:(505) 334-6170<br><b>District IV</b><br>1220 S. St Francis Dr., Santa Fe, NM 87505<br>Phone:(505) 476-3470 Fax:(505) 476-3462                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><b>Oil Conservation Division</b><br><b>1220 S. St Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | Form C-103<br>August 1, 2011<br>Permit 250678<br>WELL API Number<br>30-025-43565<br>5. Indicate Type of Lease<br>S<br>6. State Oil & Gas Lease No.<br><br>7. Lease Name or Unit Agreement Name<br>DAGGER STATE COM |                                           |                              |                            |                       |                                                |                                           |                                        |                                       |                                              |                                           |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
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| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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:<br>O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               | 8. Well Number<br>701H                                                                                                                                                                                             |                                           |                              |                            |                       |                                                |                                           |                                        |                                       |                                              |                                           |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| 2. Name of Operator<br>ADVANCE ENERGY PARTNERS HAT MESA, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               | 9. OGRID Number<br>372417                                                                                                                                                                                          |                                           |                              |                            |                       |                                                |                                           |                                        |                                       |                                              |                                           |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| 3. Address of Operator<br>11490 Westheimer Rd. Ste 950, Houston, TX 77077                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               | 10. Pool name or Wildcat                                                                                                                                                                                           |                                           |                              |                            |                       |                                                |                                           |                                        |                                       |                                              |                                           |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| 4. Well Location<br>Unit Letter <u>H</u> : <u>2610</u> feet from the <u>N</u> line and feet <u>800</u> from the <u>E</u> line<br>Section <u>30</u> Township <u>21S</u> Range <u>33E</u> NMPM _____ County <u>Lea</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                               |                                                                                                                                                                                                                    |                                           |                              |                            |                       |                                                |                                           |                                        |                                       |                                              |                                           |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3783 GR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               |                                                                                                                                                                                                                    |                                           |                              |                            |                       |                                                |                                           |                                        |                                       |                                              |                                           |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                               |                                                                                                                                                                                                                    |                                           |                              |                            |                       |                                                |                                           |                                        |                                       |                                              |                                           |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data<br><table style="width:100%;"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE OF PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>MULTIPLE COMPL <input type="checkbox"/></td> <td>CASING/CEMENT JOB <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> <td colspan="2">Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                                                                                                                                                                                                    | NOTICE OF INTENTION TO:                   |                              | SUBSEQUENT REPORT OF:      |                       | PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTER CASING <input type="checkbox"/> | TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE OF PLANS <input type="checkbox"/>  | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> |           | Other: _____ |      | Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/> |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| NOTICE OF INTENTION TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                               | SUBSEQUENT REPORT OF:                                                                                                                                                                                              |                                           |                              |                            |                       |                                                |                                           |                                        |                                       |                                              |                                           |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PLUG AND ABANDON <input type="checkbox"/>                                                                                                                                     | REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                             | ALTER CASING <input type="checkbox"/>     |                              |                            |                       |                                                |                                           |                                        |                                       |                                              |                                           |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| TEMPORARILY ABANDON <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CHANGE OF PLANS <input type="checkbox"/>                                                                                                                                      | COMMENCE DRILLING OPNS. <input type="checkbox"/>                                                                                                                                                                   | PLUG AND ABANDON <input type="checkbox"/> |                              |                            |                       |                                                |                                           |                                        |                                       |                                              |                                           |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| PULL OR ALTER CASING <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MULTIPLE COMPL <input type="checkbox"/>                                                                                                                                       | CASING/CEMENT JOB <input type="checkbox"/>                                                                                                                                                                         |                                           |                              |                            |                       |                                                |                                           |                                        |                                       |                                              |                                           |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               | Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/>                                                                                                                                                  |                                           |                              |                            |                       |                                                |                                           |                                        |                                       |                                              |                                           |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.<br>Production casing and cement job. <u>2/23/2018</u> Spudded well.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                               |                                                                                                                                                                                                                    |                                           |                              |                            |                       |                                                |                                           |                                        |                                       |                                              |                                           |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| <b>Casing and Cement Program</b><br><table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Date</th> <th>String</th> <th>Fluid Type</th> <th>Hole Size</th> <th>Csg Size</th> <th>Weight lb/ft</th> <th>Grade</th> <th>Est TOC</th> <th>Dpth Set</th> <th>Sacks</th> <th>Yield</th> <th>Class</th> <th>1" Dpth</th> <th>Pres Held</th> <th>Pres Drop</th> <th>Open Hole</th> </tr> </thead> <tbody> <tr><td>02/25/18</td><td>Surf</td><td>FreshWater</td><td>17.5</td><td>13.375</td><td>54.5</td><td>J55</td><td>1280</td><td>1600</td><td>230</td><td>1.33</td><td>C</td><td></td><td>1500</td><td>0</td><td>N</td></tr> <tr><td>02/25/18</td><td>Surf</td><td>FreshWater</td><td>17.5</td><td>13.375</td><td>54.5</td><td>J55</td><td>0</td><td>1600</td><td>815</td><td>1.72</td><td>C</td><td></td><td>1500</td><td>0</td><td>N</td></tr> <tr><td>03/02/18</td><td>Int1</td><td>Brine</td><td>12.25</td><td>9.625</td><td>40</td><td>J55</td><td>1690</td><td>2115</td><td>100</td><td>1.33</td><td>C</td><td></td><td>1500</td><td>0</td><td>N</td></tr> <tr><td>03/02/18</td><td>Int1</td><td>Brine</td><td>12.25</td><td>9.625</td><td>40</td><td>J55</td><td>0</td><td>2115</td><td>370</td><td>3.22</td><td>C</td><td></td><td>1500</td><td>0</td><td>N</td></tr> <tr><td>03/02/18</td><td>Int1</td><td>Brine</td><td>12.25</td><td>9.625</td><td>40</td><td>J55</td><td>2115</td><td>3101</td><td>480</td><td>2.1</td><td>C</td><td></td><td>1500</td><td>0</td><td>N</td></tr> <tr><td>03/02/18</td><td>Int1</td><td>Brine</td><td>12.25</td><td>9.625</td><td>40</td><td>HCK55</td><td>3700</td><td>4812</td><td>310</td><td>1.33</td><td>C</td><td></td><td>1500</td><td>0</td><td>N</td></tr> <tr><td>03/02/18</td><td>Int1</td><td>Brine</td><td>12.25</td><td>9.625</td><td>40</td><td>HCK55</td><td>3101</td><td>4812</td><td>480</td><td>2.1</td><td>C</td><td></td><td>1500</td><td>0</td><td>N</td></tr> <tr><td>03/29/18</td><td>Prod</td><td>OilBasedMud</td><td>8.5</td><td>5.5</td><td>20</td><td>HCP110</td><td>11495</td><td>19459</td><td>1450</td><td>1.56</td><td>H</td><td>0</td><td>0</td><td>0</td><td>N</td></tr> <tr><td>03/29/18</td><td>Prod</td><td>OilBasedMud</td><td>8.5</td><td>5.5</td><td>20</td><td>HCP110</td><td>0</td><td>19459</td><td>1230</td><td>3.03</td><td>C</td><td>0</td><td>0</td><td>0</td><td>N</td></tr> </tbody> </table> |                                                                                                                                                                               |                                                                                                                                                                                                                    | Date                                      | String                       | Fluid Type                 | Hole Size             | Csg Size                                       | Weight lb/ft                              | Grade                                  | Est TOC                               | Dpth Set                                     | Sacks                                     | Yield                                            | Class                                     | 1" Dpth                                       | Pres Held                               | Pres Drop                                  | Open Hole | 02/25/18     | Surf | FreshWater                                                        | 17.5 | 13.375 | 54.5 | J55 | 1280 | 1600 | 230 | 1.33 | C |  | 1500 | 0 | N | 02/25/18 | Surf | FreshWater | 17.5 | 13.375 | 54.5 | J55 | 0 | 1600 | 815 | 1.72 | C |  | 1500 | 0 | N | 03/02/18 | Int1 | Brine | 12.25 | 9.625 | 40 | J55 | 1690 | 2115 | 100 | 1.33 | C |  | 1500 | 0 | N | 03/02/18 | Int1 | Brine | 12.25 | 9.625 | 40 | J55 | 0 | 2115 | 370 | 3.22 | C |  | 1500 | 0 | N | 03/02/18 | Int1 | Brine | 12.25 | 9.625 | 40 | J55 | 2115 | 3101 | 480 | 2.1 | C |  | 1500 | 0 | N | 03/02/18 | Int1 | Brine | 12.25 | 9.625 | 40 | HCK55 | 3700 | 4812 | 310 | 1.33 | C |  | 1500 | 0 | N | 03/02/18 | Int1 | Brine | 12.25 | 9.625 | 40 | HCK55 | 3101 | 4812 | 480 | 2.1 | C |  | 1500 | 0 | N | 03/29/18 | Prod | OilBasedMud | 8.5 | 5.5 | 20 | HCP110 | 11495 | 19459 | 1450 | 1.56 | H | 0 | 0 | 0 | N | 03/29/18 | Prod | OilBasedMud | 8.5 | 5.5 | 20 | HCP110 | 0 | 19459 | 1230 | 3.03 | C | 0 | 0 | 0 | N |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | String                                                                                                                                                                        | Fluid Type                                                                                                                                                                                                         | Hole Size                                 | Csg Size                     | Weight lb/ft               | Grade                 | Est TOC                                        | Dpth Set                                  | Sacks                                  | Yield                                 | Class                                        | 1" Dpth                                   | Pres Held                                        | Pres Drop                                 | Open Hole                                     |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| 02/25/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Surf                                                                                                                                                                          | FreshWater                                                                                                                                                                                                         | 17.5                                      | 13.375                       | 54.5                       | J55                   | 1280                                           | 1600                                      | 230                                    | 1.33                                  | C                                            |                                           | 1500                                             | 0                                         | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| 02/25/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Surf                                                                                                                                                                          | FreshWater                                                                                                                                                                                                         | 17.5                                      | 13.375                       | 54.5                       | J55                   | 0                                              | 1600                                      | 815                                    | 1.72                                  | C                                            |                                           | 1500                                             | 0                                         | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| 03/02/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Int1                                                                                                                                                                          | Brine                                                                                                                                                                                                              | 12.25                                     | 9.625                        | 40                         | J55                   | 1690                                           | 2115                                      | 100                                    | 1.33                                  | C                                            |                                           | 1500                                             | 0                                         | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| 03/02/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Int1                                                                                                                                                                          | Brine                                                                                                                                                                                                              | 12.25                                     | 9.625                        | 40                         | J55                   | 0                                              | 2115                                      | 370                                    | 3.22                                  | C                                            |                                           | 1500                                             | 0                                         | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| 03/02/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Int1                                                                                                                                                                          | Brine                                                                                                                                                                                                              | 12.25                                     | 9.625                        | 40                         | J55                   | 2115                                           | 3101                                      | 480                                    | 2.1                                   | C                                            |                                           | 1500                                             | 0                                         | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| 03/02/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Int1                                                                                                                                                                          | Brine                                                                                                                                                                                                              | 12.25                                     | 9.625                        | 40                         | HCK55                 | 3700                                           | 4812                                      | 310                                    | 1.33                                  | C                                            |                                           | 1500                                             | 0                                         | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| 03/02/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Int1                                                                                                                                                                          | Brine                                                                                                                                                                                                              | 12.25                                     | 9.625                        | 40                         | HCK55                 | 3101                                           | 4812                                      | 480                                    | 2.1                                   | C                                            |                                           | 1500                                             | 0                                         | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| 03/29/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Prod                                                                                                                                                                          | OilBasedMud                                                                                                                                                                                                        | 8.5                                       | 5.5                          | 20                         | HCP110                | 11495                                          | 19459                                     | 1450                                   | 1.56                                  | H                                            | 0                                         | 0                                                | 0                                         | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| 03/29/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Prod                                                                                                                                                                          | OilBasedMud                                                                                                                                                                                                        | 8.5                                       | 5.5                          | 20                         | HCP110                | 0                                              | 19459                                     | 1230                                   | 3.03                                  | C                                            | 0                                         | 0                                                | 0                                         | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                               |                                                                                                                                                                                                                    |                                           |                              |                            |                       |                                                |                                           |                                        |                                       |                                              |                                           |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| <table style="width:100%;"> <tr> <td>SIGNATURE</td> <td><u>Electronically Signed</u></td> <td>TITLE</td> <td><u>VP Engineering</u></td> <td>DATE</td> <td><u>4/5/2018</u></td> </tr> <tr> <td>Type or print name</td> <td><u>David C Harwell</u></td> <td>E-mail address</td> <td><u>dharwell@advanceenergypartners.com</u></td> <td>Telephone No.</td> <td><u>832-672-4604</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                               |                                                                                                                                                                                                                    | SIGNATURE                                 | <u>Electronically Signed</u> | TITLE                      | <u>VP Engineering</u> | DATE                                           | <u>4/5/2018</u>                           | Type or print name                     | <u>David C Harwell</u>                | E-mail address                               | <u>dharwell@advanceenergypartners.com</u> | Telephone No.                                    | <u>832-672-4604</u>                       |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>Electronically Signed</u>                                                                                                                                                  | TITLE                                                                                                                                                                                                              | <u>VP Engineering</u>                     | DATE                         | <u>4/5/2018</u>            |                       |                                                |                                           |                                        |                                       |                                              |                                           |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| Type or print name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>David C Harwell</u>                                                                                                                                                        | E-mail address                                                                                                                                                                                                     | <u>dharwell@advanceenergypartners.com</u> | Telephone No.                | <u>832-672-4604</u>        |                       |                                                |                                           |                                        |                                       |                                              |                                           |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| <b>For State Use Only:</b><br><table style="width:100%;"> <tr> <td>APPROVED BY:</td> <td><u>Paul Kautz</u></td> <td>TITLE</td> <td><u>Geologist</u></td> <td>DATE</td> <td><u>4/6/2018 8:27:24 AM</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               |                                                                                                                                                                                                                    | APPROVED BY:                              | <u>Paul Kautz</u>            | TITLE                      | <u>Geologist</u>      | DATE                                           | <u>4/6/2018 8:27:24 AM</u>                |                                        |                                       |                                              |                                           |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |
| APPROVED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>Paul Kautz</u>                                                                                                                                                             | TITLE                                                                                                                                                                                                              | <u>Geologist</u>                          | DATE                         | <u>4/6/2018 8:27:24 AM</u> |                       |                                                |                                           |                                        |                                       |                                              |                                           |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |      |      |     |      |   |  |      |   |   |          |      |            |      |        |      |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |   |      |     |      |   |  |      |   |   |          |      |       |       |       |    |     |      |      |     |     |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |      |   |  |      |   |   |          |      |       |       |       |    |       |      |      |     |     |   |  |      |   |   |          |      |             |     |     |    |        |       |       |      |      |   |   |   |   |   |          |      |             |     |     |    |        |   |       |      |      |   |   |   |   |   |

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

Comments  
  
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**DRILLING COMMENTS**

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