

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

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

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-34683
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Lime Rock Resources II-A, L.P.		6. State Oil & Gas Lease No.
3. Address of Operator 1111 Bagby Street Suite 4600 Houston, TX 77002		7. Lease Name or Unit Agreement Name Oxy Peso
4. Well Location Unit Letter <u>F</u> <u>1650'</u> feet from the <u>North</u> line and <u>1850'</u> feet from the <u>West</u> line Section <u>24</u> Township <u>18S</u> Range <u>27E</u> NMPM <u>Eddy</u> County		8. Well Number #1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3579' GR		9. OGRID Number 277558
		10. Pool name or Wildcat Cisco/Wolfcamp/Abo

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input checked="" type="checkbox"/>		OTHER: <input 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Run MIT 500# for 30 minutes with recorder, Original chart submitted to NMOCD 11-2-12. Request approval to begin injection, copy of chart submitted with C-103.

Salt Water Disposal was granted on June 15, 2012 under order number SWD-1388, subject to approval of this MIT.

Spud Date: 10-12-12 Rig Release Date: 10-23-12

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

SIGNATURE Jerry Smith TITLE Assistant Production Supervisor DATE 11-30-12

Type or print name Jerry Smith E-mail address: jsmith@limerockresources.com PHONE: 575-748-9724

For State Use Only

APPROVED BY: Ramon Inas TITLE COMPLIANCE OFFICER DATE 12/18/12
Conditions of Approval (if any):