| Submit 1 Copy To Appropriate District                                        | State of New Mexico                                                                                           | Form C-103                            |  |  |  |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------|--|--|--|
| Office District I – (575) 393-6161                                           | Energy, Minerals and Natural Resources                                                                        | Revised July 18, 2013                 |  |  |  |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II – (575) 748-1283          |                                                                                                               | WELL API NO.<br>30-015-38457          |  |  |  |
| 811 S. First St., Artesia, NM 88210                                          | OIL CONSERVATION DIVISION                                                                                     | 5. Indicate Type of Lease             |  |  |  |
| <u>District III</u> – (505) 334-6178<br>1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr.                                                                                    | STATE 🔽 FEE 🗌                         |  |  |  |
| <u>District IV</u> – (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM | Santa Fe, NM 87505                                                                                            | 6. State Oil & Gas Lease No.          |  |  |  |
| 87505                                                                        | TICES AND REPORTS ON WELLS                                                                                    | 7. Lease Name or Unit Agreement Name  |  |  |  |
| (DO NOT USE THIS FORM FOR PROPO                                              | DSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A                                                                 | 7. Lease Name of Offit Agreement Name |  |  |  |
| DIFFERENT RESERVOIR. USE "APPL PROPOSALS.)                                   | ICATION FOR PERMIT" (FORM C-101) FOR SUCH                                                                     | MARBOB STATE                          |  |  |  |
| 1. Type of Well: Oil Well                                                    | Gas Well Other                                                                                                | 8. Well Number 7H                     |  |  |  |
| 2. Name of Operator READ &                                                   | STEVENS, INC.                                                                                                 | 9. OGRID Number<br>18917              |  |  |  |
| 3. Address of Operator                                                       |                                                                                                               | 10. Pool name or Wildcat              |  |  |  |
|                                                                              | OX 1518, ROSWELL, NM 88202                                                                                    | SCANLON DRAW; BS (55510)              |  |  |  |
| 4. Well Location                                                             | 2240                                                                                                          | 20                                    |  |  |  |
| Unit Letter   Section 19                                                     | 2310 feet from the SOUTH line and 3                                                                           |                                       |  |  |  |
| Section 19                                                                   | Township 19S Range 29E  11. Elevation (Show whether DR, RKB, RT, GR, etc.)                                    | NMPM EDDY County                      |  |  |  |
|                                                                              | 3334' GL                                                                                                      |                                       |  |  |  |
|                                                                              |                                                                                                               |                                       |  |  |  |
| 12. Check                                                                    | Appropriate Box to Indicate Nature of Notice,                                                                 | Report or Other Data                  |  |  |  |
| NOTICE OF I                                                                  | NTENTION TO: SUB                                                                                              | SEQUENT REPORT OF:                    |  |  |  |
| PERFORM REMEDIAL WORK                                                        | _                                                                                                             | <del></del>                           |  |  |  |
| TEMPORARILY ABANDON                                                          |                                                                                                               |                                       |  |  |  |
| PULL OR ALTER CASING DOWNHOLE COMMINGLE                                      |                                                                                                               | T JOB 📙                               |  |  |  |
| CLOSED-LOOP SYSTEM                                                           |                                                                                                               |                                       |  |  |  |
| OTHER: REQUEST FOR APD                                                       |                                                                                                               |                                       |  |  |  |
|                                                                              | pleted operations. (Clearly state all pertinent details, and ork). SEE RULE 19.15.7.14 NMAC. For Multiple Co. |                                       |  |  |  |
| proposed completion or re                                                    |                                                                                                               | impletions. Attach wendore diagram of |  |  |  |
| Poad & Stovens Inc. is r                                                     | equesting an extension on the Marbob State #7H AP                                                             | 2D. The current extension expires     |  |  |  |
| on 2/10/2017.                                                                | equesting an extension on the Marbob State #7 H AF                                                            | D. The current extension expires      |  |  |  |
|                                                                              |                                                                                                               |                                       |  |  |  |
|                                                                              |                                                                                                               |                                       |  |  |  |
|                                                                              |                                                                                                               | NM OIL CONSERVATION.                  |  |  |  |
|                                                                              |                                                                                                               | ARTESIA DISTRICT                      |  |  |  |
|                                                                              |                                                                                                               | JAN 0 6 2017                          |  |  |  |
|                                                                              |                                                                                                               |                                       |  |  |  |
|                                                                              |                                                                                                               | RECEIVED                              |  |  |  |
| Smud Dota                                                                    | Dia Palassa Data                                                                                              |                                       |  |  |  |
| Spud Date:                                                                   | Rig Release Date:                                                                                             |                                       |  |  |  |
|                                                                              |                                                                                                               |                                       |  |  |  |
| I hereby certify that the information                                        | above is true and complete to the best of my knowledg                                                         | e and belief.                         |  |  |  |
| ,                                                                            | •                                                                                                             |                                       |  |  |  |
| SIGNATURE Baraj                                                              | TITLE Production/Regulatory                                                                                   | DATE 1/4/2017                         |  |  |  |
| Type or print name Kelly Barajas                                             | E mail address. kharaias@road                                                                                 | etevens com DUONIE. 575 624 2760      |  |  |  |
| For State Use Only                                                           | E-mail address: kbarajas@read                                                                                 | -stevens.com PHONE: 575-624-3760      |  |  |  |
| Bali                                                                         | 1) DIAROIR                                                                                                    | SOR DATE OF IN 17                     |  |  |  |
| APPROVED BY: Conditions of Approval (if any):                                | TITLE                                                                                                         | DATE                                  |  |  |  |

Diatrict I

1625 N. French Dr., Hobba, NM 88240 Phone/5061 399-6161 | Fax:(506) 399-0720

District II

1301 W. Grand Ave., Artesia, NM 88010 Phone(505) 748-1283 Fax(505) 748-9720

District III

1000 Rio Brazos Rd., Amer., NM \$7410 Phone:(505) 334-6178 | Pan:(505) 334-6170

District IV

1220 S. St Francis Dr., Santa Fa, NM \$1505 Phone:(505) 476-3470 Fax:(505) 476-3462

### State of New Mexico

Form C-102 Fermit 126580

## Energy, Minerals and Natural Resources

Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505

#### WELL LOCATION AND ACREAGE DEDICATION PLAT

| 1. API Number    | 2. Pool Code | 3. Pool Name             |  |  |
|------------------|--------------|--------------------------|--|--|
| 30-015-38457     | 55510        | SCANLON DRAW;BONE SPRING |  |  |
| 4. Property Code | 5. Propert   | y Name 8, Well No.       |  |  |
| 9547             | MARBOB       | STATE 007H               |  |  |
| T. OGRID No.     | S. Operaco   | x Name 9. Elevation      |  |  |
| 18917            | READ & STE   | EVENS INC 3334           |  |  |

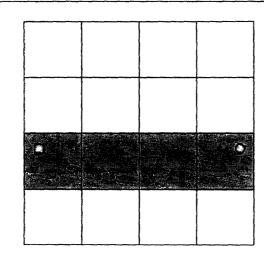
10. Surface Location

| ~~/ ~~~ ~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~ |          |         |          |        |         |           |          |           |         |        |  |  |  |  |
|----------------------------------------|----------|---------|----------|--------|---------|-----------|----------|-----------|---------|--------|--|--|--|--|
|                                        | UL - Les | Section | Township | Flange | Lei Ida | Feet From | N'S Line | Feet From | EW Line | County |  |  |  |  |
|                                        | I        | 19      | 198      | 29E    |         | 2310      | S        | 330       | E       | EDDY   |  |  |  |  |

11. Bottom Hole Location If Different From Surface

| UL - Let                      | Section | Township | Range                | Lot Idn | Feet From              | N S Line | Feet From     | EW Lins | County |
|-------------------------------|---------|----------|----------------------|---------|------------------------|----------|---------------|---------|--------|
| L                             | 19      | 198      | 19E                  | 3       | 2310                   | S        | 330           |         | EDDY   |
| 12, Dedicated Acres<br>152,55 |         | 13. 3    | 5. John or Iraili 14 |         | 14. Consolidation Code |          | 15. Orsee No. |         |        |

# NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



### OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location(s) or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division

E-Signed By: David Luna Title: Operations Mgr. Date: 2 9 2011

### SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief

Surveyed By: Ronald Eidson Date of Survey: 2.3 2011 Certificate Number: 3239