| Submit 1 Copy To Appropriate District   | State of New Mexico                                 | Form C-103                           |  |  |
|---|---|--------------------------------------|--|--|
| Office<br><u>District I</u> – (575) 393-6161  | Energy, Minerals and Natural Resources              | Revised July 18, 2013                |  |  |
| 1625 N. French Dr., Hetter ME800NS  | WELL API NO.  |                                      |  |  |
| District II – $(575)$ 748-1283 ADTESIA DI   | 30-015-44373  |                                      |  |  |
| 811 S. First St., Artesia, NM 88210   | 5. Indicate Type of Lease                           |                                      |  |  |
| $\frac{\text{District III}}{1000 \text{ Rio Brazos Rd., Aztec, NM 87410}} \in \begin{bmatrix} 0 \\ 8 \end{bmatrix}$ | 2017 1220 South St. Francis Dr.                     | STATE $\Box$ FEE $\boxtimes$         |  |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410  | Santa Fe, NM 87505                                  |                                      |  |  |
| <u>District IV</u> $-$ (505) 476-3460   | Sana i C, ivivi 87505                               | 6. State Oil & Gas Lease No.         |  |  |
| <u>District IV</u> – (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM<br>87505                               | VED   |                                      |  |  |
|   | CES AND REPORTS ON WELLS                            | 7. Lease Name or Unit Agreement Name |  |  |
|   | ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A         | HOLLAND 10 N                         |  |  |
|   | ATION FOR PERMIT" (FORM C-101) FOR SUCH             |                                      |  |  |
| PROPOSALS.)   |   |                                      |  |  |
| 1. Type of Well: Oil Well 🛛   | Gas Well 🔲 Other                                    | 8. Well Number #1                    |  |  |
| 2. Name of Operator   | 9. OGRID Number 277558                              |                                      |  |  |
| LIME ROCK RESOURCES II-A  | , L.P.  |                                      |  |  |
| 3. Address of Operator  |   | 10. Pool name or Wildcat             |  |  |
| c/o Mike Pippin LLC, 3104 N. Sulli  | Atoka, Glorieta-Yeso (3250)                         |                                      |  |  |
|   | <i>B</i> ,  |                                      |  |  |
| 4. Well Location  |   |                                      |  |  |
| Unit Letter <u>N</u> :  | 135 feet from the <u>South</u> line and <u>2300</u> | feet from the <u></u>                |  |  |
| Section 10  | Township 18-S Range 26-E                            | NMPM Eddy County                     |  |  |
|   | 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |                                      |  |  |
|   | 3339' GL  |                                      |  |  |
|   |   |                                      |  |  |
| 12 Check A  | ppropriate Box to Indicate Nature of Notice, I      | Papart or Other Data                 |  |  |
| 12. CHECK A   | ppropriate box to indicate Nature of Notice,        | Report of Other Data                 |  |  |
|   |   |                                      |  |  |

| NOTICE OF INTENTION TO:   |             |                  | SUBSEQUENT REPORT OF: |          |                |             |               |             |
|---|-------------|------------------|-----------------------|----------|----------------|-------------|---------------|-------------|
| PERFORM REMEDIAL WORK [   |             | PLUG AND ABANDON |                       | REMEDIA  | L WORK         |             | ALTERING CASI | NG □        |
| TEMPORARILY ABANDON   |             | CHANGE PLANS     |                       | COMMEN   | CE DRILLING OP | NS. 🛛       | P AND A       |             |
| PULL OR ALTER CASING [  |             | MULTIPLE COMPL   |                       | CASING/C | CEMENT JOB     | $\boxtimes$ |               |             |
| DOWNHOLE COMMINGLE  |             |                  |                       |          |                |             |               |             |
| CLOSED-LOOP SYSTEM  | $\boxtimes$ |                  |                       |          |                |             |               |             |
| OTHER:  |             |                  |                       | OTHER:   | Spud & Casings |             |               | $\boxtimes$ |
| 12 Describe proposed or completed operations (Clearly state all pertinent details and give pertinent dates, including estimated dates |             |                  |                       |          |                |             |               |             |

 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.

Spud well on 11/28/17. Drilled 12-1/4" hole to 1260'. On 11/29/17, landed 8-5/8" 24# J-55 csg @ 1240'. Cmted lead w/300 sx (591 cf) "C" cmt w/2% (PF1) Cacl2 & 0.125# (PF29) cellophane & tailed w/300 sx (402 cf) "C" cmt w/2% (PF1) Cacl2. Did not circ cmt. Notified NMOCD. Ran ~124' 1" pipe into annulus & cmted down 1" pipe w/200 sx (268 cf) & circ 4 sx cmt to surface. On 11/30/17, PT 8-5/8" csg to 1500 psi for 30 min-OK.

Drilled 7-7/8" hole from 8-5/8" csg shoe to 4300' on 12/3/17. Ran open hole logs. On 12/3/17, landed 5-1/2" 17# J-55 csg @ 4222'. Cmted lead w/300sx (588 cf) 35/65 poz "C" cmt w/0.125#/sx (PF29) cellophane, 5% (PF44) salt, 6% (PF20) gel, 0.2% (PF606) fluid loss, 0.1% (PF13) retarder, 3# (PF42) kol-seal, & 0.4# (PF45) defoamer. Tailed w/500 sx (665 cf) "C" cmt w/0.2% (PF65) dispersant, 0.2% (PF606) fluid loss, & 0.125# (PF29) cellophane. Circ 114 sx cmt to pit. Released drilling rig on 12/4/17. Plan to pressure test the 5-1/2" csg before completion operations.

| Spud Date: 11/28/17                      | Drilling Rig Release Date: 12/4/17 |                     |                           |                     |  |  |
|--|------------------------------------|---------------------|---------------------------|---------------------|--|--|
| I hereby certify that the in             | nformation above is true and c     | omplete to the best | of my knowledge and belie | f.                  |  |  |
| SIGNATURE                                | Mike Vippin                        |                     | m Engineer - Agent        | DATE <u>12/7/17</u> |  |  |
| Type or print name<br>For State Use Only | Mike Pippin                        | _ E-mail address: _ | mike@pippinllc.com        | PHONE:505-327-4573  |  |  |
| APPROVED BY:                             | f para                             |                     | Mg-                       | DATE 12 -8-17       |  |  |