

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

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

Form C-103
Revised July 18, 2013

WELL API NO	30-015-02748
5 Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6 State Oil & Gas Lease No	
7 Lease Name or Unit Agreement Name HIGH LONESOME QUEEN UNIT	
8 Well Number	#005
9 OGRID Number	371484
10 Pool name or Wildcat HIGH LONESOME, QUEEN	
11 Elevation (Show whether DR, RKB, RT, GR, etc)	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)	
1 Type of Well Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2 Name of Operator Rover Operating, LLC	
3 Address of Operator 17304 Preston Road, Suite 300, Dallas, TX 75252	
4 Well Location Unit Letter <u>A</u> <u>660</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>East</u> line Section <u>16</u> Township <u>16S</u> Range <u>29E</u> NMPM County <u>Eddy</u>	
11 Elevation (Show whether DR, RKB, RT, GR, etc)	

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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER <input type="checkbox"/>		OTHER RETURNED TO PRODUCTION <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 19 15 7 14 NMAC For Multiple Completions Attach wellbore diagram of proposed completion or recompletion

3/29/18

Make repairs to surface unit

Load tbg, good PA, return to production

Spud Date

11/30/1995

Rig Release Date

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

SIGNATURE Kent Preston TITLE Regulatory Contractor DATE 4/18/2018

Type or print name Kenneth Preston E-mail address kpreston@roverpetro.com PHONE 214-234-9115

For State Use Only

APPROVED BY [Signature] TITLE Staff Mgr DATE 4-23-18
Conditions of Approval (if any)