

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.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-045-35517
2. Name of Operator Logos Operating, LLC		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 4001 North Butler Ave, Bldg 7101, Farmington, NM 87401		6. State Oil & Gas Lease No. LG-1916
4. Well Location Unit Letter <u>F</u> : <u>1768</u> feet from the <u>N</u> line and <u>1656</u> feet from the <u>W</u> line Section <u>2</u> Township <u>24N</u> Range <u>8W</u> NMPM County <u>San Juan</u>		7. Lease Name or Unit Agreement Name Roadrunner
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>7236' GL</u>		8. Well Number 7F
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		9. OGRID Number 289408
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		10. Pool name or Wildcat Dufers Point-Gallup Dakota
OTHER: <input type="checkbox"/>		11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>7236' GL</u>
OTHER: <input checked="" type="checkbox"/> 1 st Delivery Gas		12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data
SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <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.

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First delivered gas on 6/13/14 @ 14:00hr.
 TP: RODS, CP: 247, Initial MCF: 792mcf
 GAS Co.: WFS, METER No.: 80143

RCVD AUG 27 '14
 OIL CONS. DIV.
 DIST. 3

04/28/14 Well Test: 24HRS, N/Abopd, 280bwpd (frac water), N/Amcfd, Flowing Csg Psi 85, Tbg Psi N/A, Choke 64/64

Spud Date: 03/27/14 Rig Release Date: 04/07/14

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

SIGNATURE Tam Sessions TITLE Operations Tech DATE 08/25/2014
 Type or print name Tamra Sessions E-mail address: tsessions@logosresourcesllc.com PHONE: 505-330-9333
For State Use Only

ACCEPTED FOR RECORD
 APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any): NY