

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 July 18, 2013

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

WELL API NO. 30-039-29282
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 Canyon Largo Unit
8. Well Number 457
9. OGRID Number 208706
10. Pool name or Wildcat Basin Basin Dakota/Devils Fork Gallup

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 Gas Well Other

2. Name of Operator: Huntington Energy, L.L.C.

3. Address of Operator
 908 N.W. 71st St., Oklahoma City, OK 73116

4. Well Location
 Unit Letter M : 1150 feet from the South line and 1310 feet from the West line
 Section 36 Township 25N Range 7W NMPM County Rio Arriba

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 6628' GR

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: change tubing/repair pump <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.

Summary of work performed on above referenced well:
 5/8/15: LF Rig 5. POOH w/rods. NDWH. NU BOP. RU floor. POOH with 2 3/8" tubing. SDFWE
 5/11/15: POOH w/rods & pump. RIH w/tbg.
 5/12/15: RU Tuboscope and inspect tbg. RIH w/MA, SN, Per Sub. SN @ 6527', EOT @ 6554'. ND BOP. NUWH. RU Swab Equipment.
 5/13/15: Swab well. RD Swab. RIH w/rods & pump. Pressure test to 500 psi. OK. Pump action good.
 5/14/15: Check pump action. Pump good. RD.

OIL CONS. DIV DIST. 3

Tubing weight & Grade?

Spud Date: Rig Release Date: MAY 21 2015

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

SIGNATURE Catherine Smith TITLE Regulatory DATE 5/18/2015

Type or print name Catherine Smith E-mail address: csmith@huntingtonenergy.com PHONE: 405-840-9876
For State Use Only

APPROVED BY: Bob Bell TITLE DEPUTY OIL & GAS INSPECTOR DATE 5-21-15
 Conditions of Approval (if any): AV DISTRICT #3