

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

WELL API NO. 30-039-31315
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NMSF 078771
7. Lease Name or Unit Agreement Name NMNM 78407E Rosa Unit
8. Well Number #642H
9. OGRID Number 120782
10. Pool name or Wildcat Basin Mancos

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
WPX Energy Production, LLC

3. Address of Operator
P. O. Box 640, Aztec, NM 87410 (505) 333-1808

4. Well Location
 Unit Letter **C** : **975'** feet from the **FNL** line and **524'** feet from the **FWL** line
 Section **19** Township **31N** Range **5W** NMPM County **Rio Arriba**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
6305' 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"/>			
OTHER: <input type="checkbox"/>		OTHER: INTER-WELL COMMUNICATION	
		<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.

WPX Energy conducted stimulation on the following well:

Start date: 3/23/16
 End date: 3/26/16
 Type: Fracture Treatment
 Pressure: 7427psi
 Volume Average: Nitrogen - N/A (scf); Sand - 359,085 (lbs); Fluid - 330,324 (gals)
 Results of any investigation conducted: N/A

Attached: Spreadsheet with affected well due to stimulation activity.

OIL CONS. DIV DIST. 3
 APR 06 2016

Spud Date: Rig Release Date:

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

SIGNATURE Marie E. Jaramillo TITLE Permit Tech DATE 4/5/16

Type or print name Marie E. Jaramillo E-mail address: marie.jaramillo@wpxenergy.com PHONE: (505) 333-1808 For State Use Only

APPROVED BY **ACCEPTED FOR RECORD** TITLE _____ DATE _____

Conditions of Approval (if any): _____

