

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rs., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103

Jun 19, 2008

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

WELL API NO. 30-045-33236
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. FEE
7. Lease Name or Unit Agreement Name ALLISON UNIT
8. Well Number 134S
9. OGRID Number 372171
10. Pool name or Wildcat FRC - BASIN CB::FRUITLAND COAL

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
HILCORP ENERGY COMPANY

3. Address of Operator
P.O. Box 4700 Farmington, NM 87499

4. Well Location
 Unit Letter E Footage **1760' FNL & 140' FWL**
 Section **08** Township **032N** Range **006W** **SAN JUAN COUNTY**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
6227' GR

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING MULTIPLE COMPL
 DOWNHOLE COMMINGLE
 OTHER:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. P AND A
 CASING/CEMENT JOB
 OTHER: - Redelivery

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Notes: WELL WAS SHUT-IN FOR MORE THAN 90 DAYS DUE TO ECONOMICS. RETURNED TO PRODUCTION ON 8/16/17

TP: 250 CP: 250 Initial MCF: 2
 Meter No.: 83027
 Gas Co.: WFC
 Proj Type.: REDELIVERY
 Spud Date: 1/23/2006 Rig Released Date:

OIL CONS. DIV DIST. 3

AUG 28 2017

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

SIGNATURE Amanda Ray TITLE Operations/Regulatory Tech. DATE 8/28/17
 Type or print name Amanda Ray E-mail address: mray@hilcorp.com PHONE: 505-324-5122

For State Use Only

APPROVED BY: Accepted for Record TITLE AR DATE _____

Conditions of Approval (if any):

Use cement form