

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. 30-045-22376
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-10889-30
7. Lease Name or Unit Agreement Name Turner B Com
8. Well Number 1A
9. OGRID Number 372171
10. Pool name or Wildcat Blanco Mesaverde

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
PO BOX 4700, FARMINGTON NM 87499

4. Well Location
 Unit Letter F : 1830 feet from the North line and 1548 feet from the West line
 Section 2 Township 30N Range 9W NMPM County San Juan

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
6028' GL

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: <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.

11/7/2017: MIRU BWD 105, BLOW DOWN LOCATION. SDFN
 11/8/2017: P/U ON RODS, REMOVE HH, RODS, AND PUMP. ND WH, NU BOP, FUNCTION AND PT - OK. TIH TAG 4'. TIH W/ 85 STANDS. P/U 3 JTS AND TAG FILL AT 5340'. SDFN. 11/9/2017: TIH W/18 STANDS. P/U 1 JT AND TAG 5' FILL. R/U AIR UNIT, EST CIRC W/ 5BBL/HR, 50BBLs WATER, 21 GAL FOAMER, 5 GAL INHIBITOR. CIRC UNTIL RETURNS WERE CLEAN. CLEANED OUT TO 5340'. DRY UP HOLE. TOOH. SDFN. 11/10/2017: CHECK PRESSURES. 80 PSI CSG- GOOD. TIH W 2-3/8 4.7# J-55 TUBING 170 JTS LAND @5316'. SEAT NIPPLE TOP @ 5281'. ND BOP, NU B1. M/U NEW 2" X 18' X 18'3" RHAC-Z HVR PUMP. BUCKET TEST. TIH W/NEW PUMP AND RODS, SEAT PUMP, LWD AND PT TUBING - OK. RUN PUMP W/ PUMPING UNIT. GOOD CARDS AND FLUID TO SURF.

OIL CONSERV DIV DIST: 8
 DEC 01 2017

RDMO @1200hrs 11/10/2017.

LEAVE PUMPING UNIT RUNNING. RETURN WELL TO PRODUCTION.

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 Amanda Jay TITLE: Operation/Regulatory Tech DATE 11/21/2017
 Type or print name _____ E-mail address: _____ PHONE: _____
For State Use Only Deputy Oil & Gas Inspector, District #3
 APPROVED BY: Monica Lucking TITLE _____ DATE DEC 11 2017
 Conditions of Approval (if any): _____