Submit 3 Copies 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 Rs., Aztec, NM 87410

District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM

PROPOSALS.) 1. Type of Well:

2. Name of Operator

3. Address of Operator

Hilcorp Energy Company

382 Road 3100 Aztec, NM 87410

87505

## State of New Mexico Energy, Minerals and Natural Resources

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

Other

NMOCD

AUG 0 2 2018

DISTRICT III

SUNDRY NOTICES AND REPORTS ON WELLS

X Gas Well

(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

Oil Well

	Form C-103						
	Revised July 18, 2013						
	WELL API NO.						
	30-045-23855						
	5. Indicate Type of Lease						
	STATE FEE X						
	6. State Oil & Gas Lease No.						
	Fee						
	7. Lease Name or Unit Agreement Name						
	MCDANIEL GAS COM B						
	8. Well Number 1E						
	9. OGRID Number						
	372171						
	10. Pool name or Wildcat						
	DK - BASIN::DAKOTA						
_							

4. Well Location							
Unit Letter	F	Footage	1520' FNL & 18	50' FWL			
Section	26	Township	029N	Range 0	10W	SAN JUAN COUNTY	
		11. Elevati	on (Show whether	DR, RKB, R	T, GR, etc	)	
	53. 6		5508' GR				
	12. CHE	CK APPROPRIA	ATE BOX(ES) TO	INDICATE N	IATURE O	F NOTICE, REPORT OR OTHER	R DATA
NOTICE OF INTENTION TO:					SUBSEQUENT REPORT OF:		
PERFORM REMEDIA	AL WORK	PLUG A	ND ABANDON		REMEDIA	L WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS					COMMEN	CE DRILLING OPNS.	P AND A
PULL OR ALTER CA	PULL OR ALTER CASING MULTIPLE COMPL					CEMENT JOB	
DOWNHOLE COMM	INGLE						
CLOSED-LOOP SYS	STEM						
OTHER:					OTHER:	X - Redelivery	
of starting any proposed comp This well was re-de Notes: THIS WE							
Proj Type	.: REDELIVI	ERY					
Spud Date		979	Rig Relea	sed Date:			
Opaa Dati	J. 12/0/1	373	Trig Treiea	ised Date.			
I hereby certify that the	information a	bove is true and	I complete to the b	est of my kno	owledge ar	nd belief.	
Λ.		ie Broc					5.55
SIGNATURE	MSW	l sew	1	111	LE Ope	erations/Regulatory Tech - Sr	. <b>DATE</b> 8/1/2018
Type or print name	Christine 8	Brock	E-mail add	dress: cbr	ock@hilc	orp.com F	PHONE: 505.324.5155
APPROVED BY:	ACCE	PTED FOR	RECORD	TI	TLE		DATE
Conditions of Approve	al (if any):				A	Returned	to active