Submit 1 Copy To Appropriate District Office <u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505	Form C-103 Revised July 18, 2013 WELL API NO. 30-045-35900 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. FEE			
SUNDRY NOTICI (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA" PROPOSALS.) 1. Type of Well: Oil Well G	 7. Lease Name or Unit Agreement Name San Juan 32-7 Unit 8. Well Number 248H 				
2. Name of Operator	9. OGRID Number				
HILCORP ENERGY COMPANY	372171				
3. Address of Operator	10. Pool name or Wildcat				
382 Road 3100, Aztec, NM 87410	Basin Fruitland Coal				
4. Well Location					
Unit Letter: <u>F</u> <u>1193'</u> feet fr Section 07 Town		est_line MPM County: San Juan			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6418' GL					
12 (1-1-4					

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK		PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASIN	G 🗌
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING OPN	S.	P AND A	
PULL OR ALTER CASING		MULTIPLE COMPL		CASING/CEMENT JOB	\boxtimes		
DOWNHOLE COMMINGLE							
CLOSED-LOOP SYSTEM							
				OTHER:			
OTHER:							

 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.

Amended Casing Sundry to list 7" casing weight & grade and production hole size.

Hole size was drilled with 8 3/4" bit.

7" 23# L-80 casing was ran and landed @ 3366'

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

SIGNATURE Maddle	TITLE: Operations/Regulatory Technician – Sr. DATE: <u>8/16/2019</u>
Type or print name <u>Amanda Walker</u> For State Use Only	E-mail address: <u>mwalker@hilcorp.com</u> PHONE: <u>(505)324-5122</u>
APPROVED BY: Definitions of Approval (if any):	TITELLEPERVISOR DISTRICT #3 DATE 8/19/14