

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. 30-025-43450
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VB-2674-0001
7. Lease Name or Unit Agreement Name Everest 2 State
8. Well Number 1H
9. OGRID Number 371115
10. Pool name or Wildcat Jenkins; San Andres, Northwest

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator Rockcliff Operating New Mexico, LLC
3. Address of Operator 1301 McKinney St. Suite 1300 Houston, TX 77010
4. Well Location Unit Letter D : 120 feet from the North line and 440 feet from the West line Section 2 Township 09S Range 34E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4250

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: Drilling Operations – Casing Test <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.

Tested production casing at 6,600psi for 30 minutes with < 10% loss of pressure on 03/01/2017.

Spud Date: 12/23/16

Rig Release Date: 01/08/17

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

SIGNATURE: Michal A. Weesner TITLE: Operations Analyst

DATE: 03/08/17

Type or print name Michal A. Weesner E-mail address: mweesner@rockcliffenergy.com

PHONE: (713) 351-0535

For State Use Only

APPROVED BY: P. Smith TITLE: Petroleum Engineer

DATE: 03/13/17

Conditions of Approval (if any):

Everest 2 State 1H
(API 30-025-43450)
Production Casing Pressure Test
03/01/2017

