

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

HOBBS OGD  
 RECEIVED  
 SEP 25 2019

|   |  |   |
|---|--|---|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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.)   |  | WELL API NO.<br>30-025-44810  |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>  |  | 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator<br>AMERDEV OPERATING, LLC   |  | 6. State Oil & Gas Lease No.  |
| 3. Address of Operator<br>5707 SOUTHWEST PKWY. BLDG. 1, STE 275 AUSTIN, TX 78735  |  | 7. Lease Name or Unit Agreement Name<br>Magnolia 26 36 22 State Com                                 |
| 4. Well Location <u>0 399 SOUTH 230</u><br>Unit Letter <u>B</u> : <u>200</u> feet from the <u>North</u> line, and <u>2,400</u> feet from the East line<br>Section <u>2722</u> Township 26S Range 36E County LEA |  | 8. Well Number 125H   |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>2905'   |  | 9. OGRID Number<br>372224   |
| 10. Pool name or Wildcat<br>WC-025 G-09 S263619C;WOLFCAMP   |  |   |

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

|  |   |   |  |
|--|---|---|--|
| <b>NOTICE OF INTENTION TO:</b>                 |   | <b>SUBSEQUENT REPORT OF:</b>                                |  |
| 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 checked="" 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 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.

Intent to Flow Test Magnolia State Com 26 36 22 125H (Start Date 7-23-2019 - End Date 10-23-2019)

Spud Date: 3/2/2019 Rig Release Date: 5/6/2019

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

SIGNATURE  TITLE Operations Superintendent DATE 7-23-2019

Type or print name: Zachary Boyd E-mail address: Zboyd@Ameredev.com PHONE: (737) 300-4725

For State Use Only

APPROVED BY:  TITLE L.M. DATE 9/25/2019

Conditions of Approval (if any):