

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural**  
**Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

Form C-103  
August 1, 2011

Permit 158528

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 NUMBER <b>30-025-40862</b>
1. Type of Well: <b>O</b>		5. Indicate Type of Lease <b>F</b>
2. Name of Operator <b>GMT EXPLORATION COMPANY LLC</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>1560 Broadway, Suite 2000, Denver, CO 80202</b>		7. Lease Name or Unit Agreement Name <b>PRYOR FEDERAL STATE COM</b>
4. Well Location Unit Letter <b>4</b> : <b>20</b> feet from the <b>N</b> line and <b>430</b> feet from the <b>W</b> line Section <b>1</b> Township <b>23S</b> Range <b>34E</b> NMPM <b>Lea</b> County		8. Well Number <b>004H</b>
11. Elevation (Show whether DR, KB, BT, GR, etc.) <b>3378 GR</b>		9. OGRID Number <b>260511</b>
10. Pool name or Wildcat		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

<b>12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data</b>	
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: _____	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> Other: <b>Spud</b> <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

**11/23/2012 Spudded well.**

This well has been spud on 11/23/2012 at 11:30am. TD 10'. Hole size: 26".

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Electronically Signed \_\_\_\_\_ TITLE Production Technologist DATE 11/26/2012

Type or print name **ASHLEY E BUCKNER** E-mail address **abuckner@gmtexploration.com** Telephone No. **303-586-9280**

For State Use Only:

APPROVED BY: **ELIDIO GONZALES** TITLE **HOBBS STAFF MANAGER** DATE **11/27/2012**