District I

Form C-103

| 1625 N. French Dr., Hobbs, NM 88240 | State of I | State of New Mexico | | | August 1, 2011 | | | |
|--|---|----------------------------|--------------|---|-------------------|--------------|-------------|--|
| Phone:(575) 393-6161 Fax:(575) 393-0720 District II | Energy, Minerals and Natural Resources | | 1 | | | | | |
| 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720 | | | - | Permit 170784 WELL API NUMBER | | | | |
| District III Oil Conservation Division 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 1220 S. St Francis Dr. | | | | 30-025-40889 5. Indicate Type of Lease | | | | |
| | | | | | | | | |
| District IV 1220 S. St Francis Dr., Santa Fe, NM 87505 | Santa Fe, NM 87505 | | | S | | | | |
| Phone:(505) 476-3470 Fax:(505) 476-3462 | | | | 6. State Oil & Gas Lease No. | | | | |
| SUNDRY NOTICE | ES AND REPORTS O | N WELLS | | 7. Lease | Name or Unit | Agreement 1 | Name | |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO | | | | | ASADERO STATE COM | | | |
| A DIFFRENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | | | | | 8. Well Number | | | |
| 1. Type of Well:O | | | | | 0011 | H | | |
| 2. Name of Operator | | | | 9. OGRID Number | | | | |
| GMT EXPLORATION COMPANY LLC | | | | 260511 | | | | |
| 3. Address of Operator | | | | 10. Pool name or Wildcat | | | | |
| 1560 Broadway, S | uite 2000, Denver, CO 80 | 202 | | | | <i>i</i> | | |
| 4. Well Location | | 200 | | *** | | | | |
| | om the S line an | · - | 241 (a) (b) | W | line | 41 43 | | |
| Section 3 Township | 21S R | ange 34E | NMPM | | Lea C | County | | |
| | | | | | | | | |
| | | ther DR, KB, BT, GR, etc.) | | | | | | |
| | _ | 4 GR | | | | | | |
| Pit or Below-grade Tank Application or Close Pit Type Depth to Groundwater | | ash water wall. Die | . | | urface water | | | |
| | Below-Grade Tank: Volume | esn water wen bbls; Cons | | | unace water | | | |
| | opriate Box to Indicate | | | | r Data | | | |
| NOTICE OF INTENTION TO: | | | | | ORT OF: | | | |
| PERFORM REMEDIAL WORK [PL | UG AND ABANDON 🗆 | REMEDIAL WORK | | | ALTER CAS | ING | | |
| TEMPORARILY ABANDON CH | ANGE OF PLANS | COMMENCE DRILLIN | IG OPNS. | | PLUG AND | ABANDON | 1 🗆 | |
| PULL OR ALTER CASING MU | JLTIPLE COMPL | CASING/CEMENT JOE | | | | | | |
| Other: | | Other: Spud | | | | | \boxtimes | |
| | | | | | | | | |
| Describe proposed or completed operations. (work.) SEE RULE 1103. For Multiple Complete | | | | | date of starting | g any propos | ed | |
| | | | | | | | | |
| 7/29/2013 Spudded well. | | | | | | | | |
| This well has been spud on 7/29/2013 at | 9:00pm. | | | | | | | |

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 NMOCD guidelines \square , a general permit \square or an (attached) alternative OCD-approved plan \square .

SIGNATURE Electronically Signed TITLE Production Technologist DATE 7/30/2013 Type or print name ASHLEY E BUCKNER E-mail address abuckner@gmtexploration.com Telephone No. 303-586-9280 For State Use Only:
APPROVED BY: Paul Kautz TITLE Geologist DATE 7/30/2013