

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

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

|                                                                                                                                                                                                                              |  |                                                                                                     |
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| <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>30-021-20574                                                                        |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other CO2 Well <input type="checkbox"/>                                                                                                 |  | 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 2. Name of Operator<br>Reliant Exploration & Production, LLC.                                                                                                                                                                |  | 6. State Oil & Gas Lease No.                                                                        |
| 3. Address of Operator<br>10817 West County Road 60 Midland, TX 79707                                                                                                                                                        |  | 7. Lease Name or Unit Agreement Name<br>Libby Minerals LLC 2032                                     |
| 4. Well Location<br>Unit Letter <u>F</u> : <u>1655</u> feet from the <u>North</u> line and <u>1655</u> feet from the <u>West</u> line<br>Section <u>11</u> Township <u>20 N</u> Range <u>32 E</u> NMPM County <u>Harding</u> |  | 8. Well Number <u>11-1-F</u>                                                                        |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br><u>4857.7</u>                                                                                                                                                          |  | 9. OGRID Number<br>251905                                                                           |
| 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 _____                                                                                                                              |  |                                                                                                     |

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

|                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>NOTICE OF INTENTION TO:</b><br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br>OTHER: <input type="checkbox"/> |  | <b>SUBSEQUENT REPORT OF:</b><br>REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/><br>CASING/CEMENT JOB <input type="checkbox"/><br>OTHER: <input type="checkbox"/> |  |
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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.

See Attachment

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 ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Vance Vanderburg TITLE Manager DATE 2-4-15

Type or print name Vance Vanderburg E-mail address: vance@reliantgases.com Telephone No. 432-559-7085

**For State Use Only**

APPROVED BY: [Signature] TITLE District IV Supervisor DATE 2/9/15  
 Conditions of Approval (if any):

Page 1 of 1

**TOOL OPERATOR** Brad Euing                      **CO. REP.** Vance Vanderburg