

Submittal 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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
RECEIVED OGD

Form C-103
Revised August 1, 2011

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)		WELL API NO. 30-015-24429
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator THREE RIVERS OPERATING COMPANY, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 1122 S. CAPITAL OF TX HWY., #325, AUSTIN, TX 78746		7. Lease Name or Unit Agreement Name LOVING 1 STATE
4. Well Location Unit Letter N : 990 feet from the SOUTH line and 2110 feet from the WEST line Section 01 Township 24S Range 27E NMPM County EDDY		8. Well Number 2
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3128 GR		9. OGRID Number 272295
		10. Pool name or Wildcat WILDCAT; BONE SPRING

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☒
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

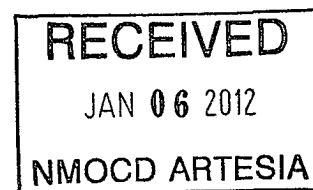
OTHER: ☐

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.

FILE ADDITIONAL C-103 TO REVISE PROCEDURE ORIGINALLY SUBMITTED ON 08/24/2011 WITH C-101 AND C-102 (APPROVED COPIES ATTACHED).

PLEASE SEE ATTACHED REVISED PROCEDURE TO RECOMPLETE IN THE BONE SPRING.

Accepted for record
NMOCD



Spud Date:

Rig Release Date:

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

SIGNATURE T. Stratton TITLE **OPERATIONS ENGINEER** DATE **11/02/2011**

Type or print name **TOM STRATTON** E-mail address: **tstratton@3nr.com** PHONE: **512-706-9849**

For State Use Only

APPROVED BY: T. C. Shepard TITLE Geologist DATE 1/9/2012

Conditions of Approval (if any):