

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

WELL API NO. 30-015-41489
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Zircon 1 HE State
8. Well Number 1H
9. OGRID Number 14744
10. Pool name or Wildcat Santo Nino; Bone Spring 54600

4. Well Location Unit Letter <u>H</u> : <u>2000</u> feet from the <u>North</u> line and <u>320</u> feet from the <u>East</u> line Section <u>1</u> Township <u>19S</u> Range <u>29E</u> NMPM <u>Eddy</u> County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3428'

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 ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

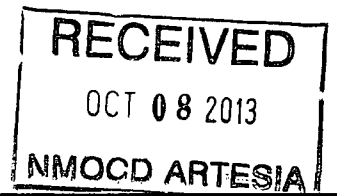
REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☒  
OTHER: ☐

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.

09/23/13 TD'd 6 1/8" hole @ 11581' MD. Ran 4 1/2" 13.5# P110 LT&C csg w/Baker staging tools. End of casing @ 11553' MD. Ran 20 stage tools w/20 pkrs & liner hanger. Top of liner @ 7333' MD.

Spud Date: 09/07/2013

Rig Release Date: 09/26/13



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

SIGNATURE Jackie Lathan TITLE Regulatory DATE 10/07/13

Type or print name Jackie Lathan E-mail address: jlathan@mewbourne.com PHONE: 575-393-5905

For State Use Only

APPROVED BY: [Signature] TITLE Dir. B. Spencer DATE 10/8/13  
Conditions of Approval (if any):

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