

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  
Department of Natural Resources  
NM OIL CONSERVATION  
ARTESIA DISTRICT  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505  
RECEIVED  
DEC 01 2014

Form C-103  
Revised July 18, 2013

WELL API NO.	30-015-42307
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	VB-1659
7. Lease Name or Unit Agreement Name	Forehand 22 State
8. Well Number	#1
9. OGRID Number	249099
10. Pool name or Wildcat	Cass Draw; Delaware 10410
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3158 GR

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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator  
Caza Operating, LLC

3. Address of Operator  
200 N. Loraine, Suite 1550, Midland, Texas 79701

4. Well Location  
Unit Letter 0 : 660 feet from the South line and 1980 feet from the East line  
Section 22 Township 23 S Range 27 E NMPM County Eddy

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <u>frac</u> <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

11-8-2014\_ MIRU Frac equipment. SICP 8 psi. Load hole w/ 56 bbls treated water. Treated well down 2-7/8" tubing with 20 bbls Linear Gel Pad. Propped w/ 15,380 lbs 16/30 Momentive Ultra Black Sd carried by 20 lb BXL fluid. AIR 7.8 BPM @ 938 psi. Max pressure 1120 psi @ 8.6 BPM. ISIP 766 psi. R/D Frac Equipment. Total load 164 bbls. Casing pressure monitored as dead string.

Spud Date:

April 30th, 2014

Rig Release Date:

June 9th, 2014

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

SIGNATURE

*Richard L. Wright*

TITLE Operations Manager

DATE 11/25/2014

Type or print name Richard L. Wright

E-mail address: rwright@cazapetro.com

PHONE: 432 682 7424

For State Use Only

APPROVED BY:

*JDade*

TITLE

*Dist II Supervisor*

DATE

*12/19/14*

Conditions of Approval (if any):