

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.<br>30-015-24784                                                                                   |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> XXXXXXXX |
| 6. State Oil & Gas Lease No.                                                                                   |
| 7. Lease Name or Unit Agreement Name<br>Delaware                                                               |
| 8. Well Number 2                                                                                               |
| 9. OGRID Number 161968                                                                                         |
| 10. Pool name or Wildcat                                                                                       |

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 XXXX

2. Name of Operator Pyote Water Systems, LLC

3. Address of Operator 400 W. Illinois STE. 900  
Midland Texas 79701

4. Well Location

Unit Letter G feet from the 1650 line and N feet from the 2310 line

Section 11 Township 26S Range 28E NMPM County Eddy

LL Elevation (Show whether DR, RKB, RT, GR, etc.)

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 checked="" type="checkbox"/> XXXXXXXX | ALTERING CASING <input type="checkbox"/> |
| XXXXXXXXXXXXXXXX                               |                                           |                                                            |                                          |
| 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 <input 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.

- 12/12/15 POH W/TUBING
- 12/16/15 RIH WITH NEW TUBING
- 12/17/15 PU RE DRESSED 5 1/2 IN ARROW SET PKR.
- SET ST 2594.96 TEST CASING AT 500 FOR 30 MIN.
- RICHARD INGE WITNESSED THIS A FROM OCD-ARTESIA OFFICE

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

TITLE NM Operations Manager DATE 4-14-2015

Type or print name Jerry Burton E-mail address jerry@pyotewatersystems.com PHONE 432-448-4917

For State Use

APPROVED BY

Richard Inge

TITLE COMPLIANCE OFFICER

DATE

4/16/15

Conditions of Approval (if any)