| DISPOSED 1-073739-3-646  DISPOSED 1-073739-3-648  DISPOSED 1-07373-3-648  DISPOSED 1-07373-3-128  DISP | Office Submit I Copy To Appropriate District                                 | State of New Mexico                             | Form C-103  |
|--|--|---|---|
| DISTRICT COTO PART LANGE AND REPORTS ON WELLS (DO NOT LIST THE REPORT OF LANGE AND ADDRESS OF STATE AND ADDRESS OF | District I - (575) 393-6161  | Energy, Minerals and Natural Reso               | ources Revised August 1, 2011                               |
| Solid Residence   State Oil & Consequence    |  | 011 003 103 103 103 103 103 103 103 103         | 30-015-24531  |
| 120 South St. Francis Dr.   STATE   FEE  | 811 S. First St., Artesia, NM 88210  |   | 5 Indicate Type of Lease                                    |
| Santa F.C, NM 8/505  Santa F.C, Sa | ` '  |   |   |
| SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR REPORASALS TO BALLO AT TO DEFERENT RESERVOIR, USE "APPLICATION FOR PERMIT (FORM C-10) FOR PLUG BACK TO A DHFREENT RESERVOIR, USE "APPLICATION FOR PERMIT (FORM C-10) FOR SUCH PROPOSALS)  1. Type of Well: Oil Well    Gas Well    Gob  | <u>District IV</u> – (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM | Santa Fe, NM 87505                              | 6. State Oil & Gas Lease No.                                |
| GON NOT USE THIS FORM FOR PROPOSALS TO DRILL, OR TO DEPERN OR PLUG BACK TO A DEPTERN MERKYOR. USE "PREJICATION FOR PERMIT (FORM CLEI) FOR SUCH PROPOSALS).  1. Type of Well: Oil Well   Gas Well   Other   Disposal   S. Well Number   9. OGRID NUMB   |  | FICES AND REPORTS ON WELLS                      | 7. Lease Name or Unit Agreement Name                        |
| 1. Type of Well: Oil Well   Gas Well   Other   PISPOSAL   8. Well Number   2. Name of Operator   9. OGRID Number   3. Address of Operator   9. OGRID Number   4. Well Location   10. Pool name or Wildcat   10. Pool name or Wildcat   4. Well Location   10. Pool name or Wildcat   10. Pool name or Wildcat   4. Well Location   11. Elevation   1500   15. Elevation   1500 | DIFFERENT RESERVOIR. USE "APPL   |   | TO A  |
| 2. Name of Operator    Section   Sex 224 Lubbock   TX 79408   10. Pool name or Wildeat   22.7 5 9  |  | Gas Well Other DISOCSAC                         | 8. Well Number  |
| 4. Well Location Unit Letter F. : 1623 feet from the N line and 1809 feet from the W line Section 36 Township 22.5 Range 2.7 E NMPM County Eddy  11. 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:  PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK MALTERING CASING COMMENCE DRILLING OFNS. PAND A CASING/CEMENT JOB COMMENCE D | 2. Name of Operator  |   | 9. OGRID Number   |
| 4. Well Location Unit Letter F. : 1623 feet from the N line and 1809 feet from the W line Section 36 Township 22.5 Range 2.7 E NMPM County Eddy  11. 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:  PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK MALTERING CASING COMMENCE DRILLING OFNS. PAND A CASING/CEMENT JOB COMMENCE D | Bikke  | YE DISPOSAL                                     |   |
| Well Location  | 3. Address of Operator   | · .   |   |
| Unit Letter F: 1673 feet from the N line and 1809 feet from the W line Section 36 Township 22 5 Range 27 F NMPM County Eddy  11. 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:  PERFORM REMEDIAL WORK P PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS ALTERING CASING COMMENCE DRILLING OPNS PAND 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.  13. PLA POUNT AROUND CRSING ASTACLING ASTACLING AROUND CRSING AROUND CRSING AROUND CRSING ASTACLING AROUND CRSING ASTACLING ASTACLING AROUND CRSING ASTACLING AROUND CRSING ARO | P.O. Box   | 2724 LUBbock TX 794                             | 108 DeleWARY  |
| Section 36  Township 22 5 Range 27 E NMPM  County Edd 9  11. 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:  PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PAND A CASING/CEMENT JOB DOWNHOLE COMMINGLE MULTIPLE COMPL. COMMENCE DRILLING OPNS. PAND A CASING/CEMENT JOB DOWNHOLE COMMINGLE OF MULTIPLE COMPL. COMPLETIONS Attach wellbore diagram of proposed completion or recompletion.  13. Describe proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  13. 14. Diag out Around CRSING STABLISH WHERE Hole Is Stop Leak with the proposed completion or recompletion.  13. 14. Diag out Around CRSING STABLISH WHERE Hole Is Stop Leak with the proposed completion or recompletion.  13. 14. Diag out Around CRSING STABLISH WHERE Hole Is Stop Leak with the proposed completion or recompletion.  13. 14. Diag out Around CRSING STABLISH WHERE Hole Is Stop Leak with the proposed completion or recompletion.  14. 15. The Around CRSING STABLISH REPORT OF MUltiple Completions: Attach wellbore diagram of proposed completion or recompletion.  15. 16. Diag out Around CRSING STABLISH WHERE HOLE Is Stop Leak with the Proposed Completion or recompletion.  16. 16. Diag out Around CRSING STABLISH REPORT OF MUltiple Completions: Attach wellbore diagram of proposed complete on the Stablish where hole Is Stop Leak with the Proposed Completion or recompletion.  16. 16. Diag out Around CRSING STABLISH REPORT OF MULTIPLE COMPLETION OF THE STABLE STABLISH STABLISH PROPER DATE AND PROVED BY: PLANE OF THE COMPLETION OF THE STABLE STABLISH.  17. Diag of the Stablish Report of Other Stablish  | · · · · · · · · · · · · · · · · · · ·  |   |   |
| 11. 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:  PERFORM REMEDIAL WORK PLOY PLUG AND ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS   PANDA    PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   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 of the proposed completion of the proposed completion of the proposed completion of resource up on well set plug In profile Nipple  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.  13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completed of the starting and proposed work. SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion of recompletion.  13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and give pertinent dates, including estimated date of starting and give pertinent dates.  13. Describe proposed or complete Gomplete Complete Starting and give pertinent dates.  14. Describe pertinent dates.  15. Describe portinent dates.  16. Describe pertinent dates.  16. Describe portinent dat |  | · <del></del>                                   |   |
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| PERFORM REMEDIAL WORK PLUG AND ABANDON   REMEDIAL WORK COMMENCE DRILLING OPNS.   ALTERING CASING   TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PAND A   PAND A   DULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   DOWNHOLE COMMINGLE   OTHER:   OTH |  |   | •   |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB  OTHER:  |  | / · - · · · · · · · · · · · · · · · · ·         |   |
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| of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  R7-16 Dig out Around CASING establish where hole Is stop Leak with 27-16 Rig Arcision Pressure up on well set plug In profile Nipple 127-16 Rig Arcision Pressure Released plug 128-16 Precision pressure Released plug 129-16 Welder welded split In casing with pump truck Ron chart soops 1 HR 129-16 Notified OCD  Spud Date:  Rig Release Date:  Rig Release Date:  TITLE MANAGER  DATE 2-2-16  Type or print fame Im SAYRE  E-mail address: Importe Standard DATE 2/11/16  APPROVED BY: Release Date 2/11/16  TITLE COMPLANCE OFFICE DATE 2/11/16   | 12 D 15 1 1  | 1 1 2 (01 1 1 1 1                               | 1 . 11  |
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| 19-16 Welder welded split IN CRSING 19-16 Test casing with pump truck Run chart soops 1 HR 19-16 Notified OCD  Spud Date:  Rig Release Date:  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  Type or print name I/M SAYRE  E-mail address:  For State Use Only  APPROVED BY: Peutard INGS  TITLE Compleance Officed Date 2/11/16  | Test tubia   | ssure Released plug                             |   |
| APPROVED BY: Preserved welder split the sport for the best of my knowledge and belief.  Rig Release Date:  Rig Release Date:  Rig Release Date:  TITLE MANAGER  E-mail address: Jung the Standard or PHONE: 575-393-83  For State Use Only  APPROVED BY: Preserved for the standard or PHONE: 575-393-83  TITLE COMPLETED DATE 2/11/6  | 28-16 PECLISION PIC  | , , ,   | •   |
| Rig Release Date:    Nate  | 20-14 110/100 100  | Hed iblit IN CASING                             |   |
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| THE MANAGE DATE 2-2-16  Type or print name Jim SAYRE E-mail address: Jim State Use Only  APPROVED BY: Pout AND MANAGE DATE 2/11/16   |  |   |   |
| THE MANAGE DATE 2-2-16  Type or print name Jim SAYRE E-mail address: Jim State Use Only  APPROVED BY: Pout AND MANAGE DATE 2/11/16   | Sand Data  | Dia Palassa Data                                |   |
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| APPROVED BY: Parties INGS TITLE COMPLYANCE OFFICER DATE 2/11/16  | i nereby certify that the informatio   | n above is true and complete to the best of my  | knowledge and belief.                                       |
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| APPROVED BY: Parties INGS TITLE COMPLYANCE OFFICER DATE 2/11/16  | SIGNATURE //A/   | TITLE MANAGE                                    | DATE 2-2-16   |
| APPROVED BY: Pautaro Mas TITLE COMPLIANCE OFFICER DATE 2/11/16   |  | TITLE MANAGE  E-mail address: , , , ,           | DATE 2-2-16  walgy. com PHONE: 575-393-83                   |
| APPROVED BY: YELLAND I'MS TITLE COMPLIANCE OFFICER DATE 2/11/16  | Type or print name Im SA   | TITLE MANAGE  E-mail address:                   | DATE 2-2-16  DATE 2-2-16  DATE 2-2-16  PHONE: 575-393-83    |
|  | Type or print name Jim 54, For State Use Only                                | E-mail address:                                 | DATE 2-2-16  DATE 2-2-16  DATE 2-2-16  PHONE: 575-393-83    |

1-29-2016
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