| Office | ate of New Mexico nerals and Natural Resources | Form C-103 Revised July 18, 2013 |
|--|---|---|
| 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd. Artes, NM 87410 | SERVATION DIVISION South St. Francis Dr. anta Fe, NM 87505 | WELL API NO. 30-015-25776 5. Indicate Type of Lease |
| SUNDRY NOTICES AND REPORT COMPANY NOTICES AND RE | TO DEEPEN OR PLUG BACK TO A T" (FORM C-101) FOR SUCH her | 7. Lease Name or Unit Agreement Name Salt Mountain 36 State 8. Well Number 9. OGRID Number 177888 10. Pool name or Wildcat |
| 500 Commerce St., Ste 600 Fort Worth, TX 76102 Brushy Draw Delaware 4. Well Location Unit Letter C: 330 feet from the North line and 1677 feet from the West line Section 36 Township 26S Range 29E NMPM County Eddy 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2901' GL | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | |
| NOTICE OF INTENTION TO PERFORM REMEDIAL WORK PLUG AND ABA TEMPORARILY ABANDON CHANGE PLAN PULL OR ALTER CASING MULTIPLE COM DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM CHANGE Plugback and Perforate Ramsey zone 13. Describe proposed or completed operations. (of starting any proposed work). SEE RULE 1 proposed completion or recompletion. | REMEDIAL WORK COMMENCE DRIL CASING/CEMENT OTHER: Clearly state all pertinent details, and | LLING OPNS. P AND A give pertinent dates, including estimated date |
| 1. MIRU 2. POOH w/rods & pump, LD TAC, POOH 3. RIH w/CIBP, set @ 5050', dump bail 20' 4. Test csg to 500#, Perforate 3045' - 3080' 5. Acidize w/5000 gals of 15% HCL, flush 6. RIH w/pkr & tbg, Set pkr @ 3020', Swalt 7. Frac Procedure: FRAC w/30,000# of Pr 8. Flow well back until dead, POOH w/prk 9. RIH w/rods and pump 10. Place well on production | cmt on top, RIH w/CIBP to 35 w/4 SPF w/lease water test well, FRAC if test inconcrop and 379 BW | lusive ARTESIA DISTRICT DEC 2 1 2016 |
| Spud Date: 08/10/1987 | Rig Release Date: 08/21/2 | 1987 |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | |
| SIGNATURE Sabima Bonner | _TITLE_Regulatory_Anal | yst DATE 12/18/2016 |
| Type or print name Sabrina Bonner For State Use Only | E-mail address: sbonner@wagner | |
| APPROVED BY: Sheet | TITLE Dus Oper Spec | - adu DATE 12-23-/6 |

