

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. 30-015-22320
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 316160
7. Lease Name or Unit Agreement Name SOUTH CULEBRA BLUFF UNIT
8. Well Number 1
9. OGRID Number 371115
10. Pool name or Wildcat SWD; ATOKA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2995'

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
ROCKCLIFF OPERATING NEW MEXICO LLC

3. Address of Operator
1301 MCKINNEY; SUITE 1300; HOUSTON, TEXAS 77010

4. Well Location
Unit Letter G : 1980 feet from the N line and 1650 feet from the E line
Section 23 Township 23S Range 28E NMPM County EDDY

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: NOTICE OF INJECTION ☒

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.

11/13/17: BEGIN INJECTION OPERATIONS

R-14456

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 Jamie A. Robinson TITLE SR. REGULATORY
ANALYST DATE 11/16/17

Type or print name JAMIE A. ROBINSON E-mail address: JROBINSON@ROCKCLIFFENERGY.COM PHONE: 713.351.0534
For State Use Only

APPROVED BY: Reynold Inas TITLE Compliance Officer DATE 11/17/17
Conditions of Approval (if any):