|  | State of New Mexico  | Form C-103                             |  |
|--|--|--|--|
| District I - (575) 393-6161  | State of New Mexico  ONSERVATION and Natural Resources  ESTA DISTRICT  ESTA DISTRICT  ESTA DISTRICT  | Revised July 18, 2013                  |  |
| 1625 N. French Dr., Hobbs, NM (1844) L. District II – (575) 748-1283   | ON CONGERNATION DIVISION   | WELL API NO. 30-015-43743              |  |
| 011 C Time Ct Autonia NB 4 00010   | QILARONSERVATION DIVISION  | 5. Indicate Type of Lease              |  |
| District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410   | AN 05 2220 South St. Francis Dr.   | STATE FEE X                            |  |
| District IV - (505) 476-3460   | RECEIVED Santa Fe, NM 87505  | 6. State Oil & Gas Lease No.           |  |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505   | RECEIVEL   | _                                      |  |
|  | CES AND REPORTS ON WELLS   | 7. Lease Name or Unit Agreement Name   |  |
| (DO NOT USE THIS FORM FOR PROPOSA  | ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  |  |  |
| DIFFERENT RESERVOIR. USE "APPLICA"<br>  PROPOSALS.)  | ATION FOR PERMIT" (FORM C-101) FOR SUCH  | Williams Fee 24                        |  |
| 1  | Gas Well 🔲 Other   | 8. Well Number 1H                      |  |
| 2. Name of Operator  |  | 9. OGRID Number                        |  |
| 3. Address of Operator   | Francis Oil Company  | 012361<br>10. Pool name or Wildcat     |  |
| <u>-</u>   | or 21/69 Tulos OV 7/121-1/69   | Loving, East (Brushy Canyon)           |  |
| P. O. Box 21468, Tulsa, OK 74121-1468 Loving, East (Brushy Canyon)  4. Well Location   |  |  |  |
| Unit Letter F: 2290 feet from the North line and 2205 feet from the West line  |  |  |  |
| Section 25   | Township 23S Range 28E   | NMPM Eddy County                       |  |
|  | 11. Elevation (Show whether DR, RKB, RT, GR, etc.  |  |  |
| 2996.2 GR  |  |  |  |
|  |  |  |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   |  |  |  |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:  |  |  |  |
| PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐   |  |  |  |
| TEMPORARILY ABANDON  | CHANGE PLANS   COMMENCE DI   | RILLING OPNS. P AND A                  |  |
| PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB  |  |  |  |
| DOWNHOLE COMMINGLE   |  |  |  |
| CLOSED-LOOP SYSTEM   |  | -                                      |  |
| OTHER: Change well name & casing detail \( \overline{\text{N}} \) 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.   |  |  |  |
| proposed completion.   |  |  |  |
| Previous well name:  | Williams Fee 24 #1H 3/6/70   |  |  |
| New well name: Williams Fee 2524 LBC #1H 320554  |  |  |  |
|  |  |  |  |
| Previous casing detail: 13 3/8" @ 500'   |  |  |  |
| New casing detail:   | New casing detail: 13 3/8" @ 350'  |  |  |
| (All other casing strings will remain the same).   |  |  |  |
|  |  | remain the same).                      |  |
| Spud Date:   | (All other casing strings will   | remain the same).                      |  |
| Spud Date:   |  | remain the same).                      |  |
| Spud Date:   | (All other casing strings will   | remain the same).                      |  |
|  | (All other casing strings will   |  |  |
|  | (All other casing strings will  Rig Release Date:  |  |  |
| I hereby certify that the information a  | (All other casing strings will  Rig Release Date:  | ge and belief.                         |  |
|  | (All other casing strings will  Rig Release Date:  | ge and belief.                         |  |
| I hereby certify that the information a  | (All other casing strings will  Rig Release Date:  | ge and belief.  Compliance DATE 1/2/18 |  |
| I hereby certify that the information a  | Rig Release Date:  bove is true and complete to the best of my knowled  Le Le TITLE Mgr., Regulatory | ge and belief.  Compliance DATE 1/2/18 |  |
| I hereby certify that the information a  SIGNATURE  Type or print name Charlotte V.  For State Use Only  | Rig Release Date:  bove is true and complete to the best of my knowled  Le Le TITLE Mgr., Regulatory | ge and belief.  Compliance DATE 1/2/18 |  |