

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

**NM OIL CONSERVATION DIVISION**  
 State of New Mexico  
 Energy, Minerals and Natural Resources  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505  
 RECEIVED  
 JAN 29 2018

Form C-103  
 Revised July 18, 2013

WELL API NO. 30-015-10107
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-11594
7. Lease Name or Unit Agreement Name State FX
8. Well Number 1
9. OGRID Number 371484
10. Pool name or Wildcat Artesia, Queen GSA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3645' GL

**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  
Rover Operating, LLC

3. Address of Operator  
17304 Preston Road, Suite 740, Dallas, TX 75252

4. Well Location  
 Unit Letter F : 1874 feet from the north line and 1874 feet from the west line  
 Section 6 Township 18S Range 28E NMPM County Eddy

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
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: Return to Production <input checked="" 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.

8/15/2017: Move pumping unit off location and new pumping unit onto location; Load tbg and check PA;  
 Return well to production.

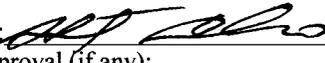
Spud Date:  Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE  TITLE Regulatory Administrator DATE 1/22/2018

Type or print name Connie Swan E-mail address: csswan@swanderlandok.com PHONE: (918) 621-6533

**For State Use Only**

APPROVED BY:  TITLE Staff Mgr DATE 1-29-18  
 Conditions of Approval (if any):