

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. 30-005-64314
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Moonshot
8. Well Number 001
9. OGRID Number 14187
10. Pool name or Wildcat Elkins; Fusselman, South

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 **NM OIL CONSERVATION ARTESIA DISTRICT**

2. Name of Operator
Marshall & Winston, Inc.

3. Address of Operator
P. O. Box 50880, Midland, TX 79710-0880

4. Well Location
Unit Letter K : 2112 feet from the South line and 2467 feet from the West line
Section 26 Township 07S Range 28E NMPM County Chaves

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4068' GR

RECEIVED

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

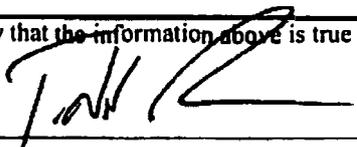
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>	
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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.

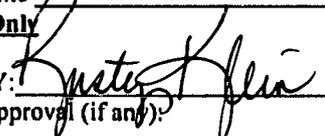
- 07/23/18 Spud @ 9 AM. Drill to 406'. Ran 10 jts 13 3/8" 48# J55 8rd csg. Set csg @ 406.30'.
- 07/24/18 Depth 406'. Cmtd csg w/ 421 sx CI C PF-001 2% BWOB CC Yld 1.34. PD @ 7:48 AM. Circ 58 bbls cmt to surf. WOC 20 hrs. NU BOP's - good test. Tst csg to 600#/30 mins. Resume drlg.
- 07/28/18 Depth 2848'. Ran 69 jts 8 5/8" 32# J55 8rd csg. Set csg @ 2848'. Cmtd csg lead w/ 440 sx CI C + 4% PF20 (Bentonite Gel) + 2% PF1 (CaCl) + .125 pps PF29 (CF) + 3 pps PF42 (Kolseal) + .4 pps PF45 (Defoamer). Cmtd tail w/ 200 sx C Neat. PD @ 5:24 PM. Circ 10 bbls cmt back to surf. WOC 18 hrs. NU BOP's - good test. Test csg to 1600#/30 mins. Resume drlg.

Spud Date: 07/23/18 Rig Release Date:

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

SIGNATURE  TITLE Operations Manager DATE 08/02/18

Type or print name Todd Passmore E-mail address: tpassmore@mar-win.com PHONE: 432-684-6373
 For State Use Only

APPROVED BY:  TITLE Business Ops Sp. A DATE 8-2-2018
 Conditions of Approval (if any):