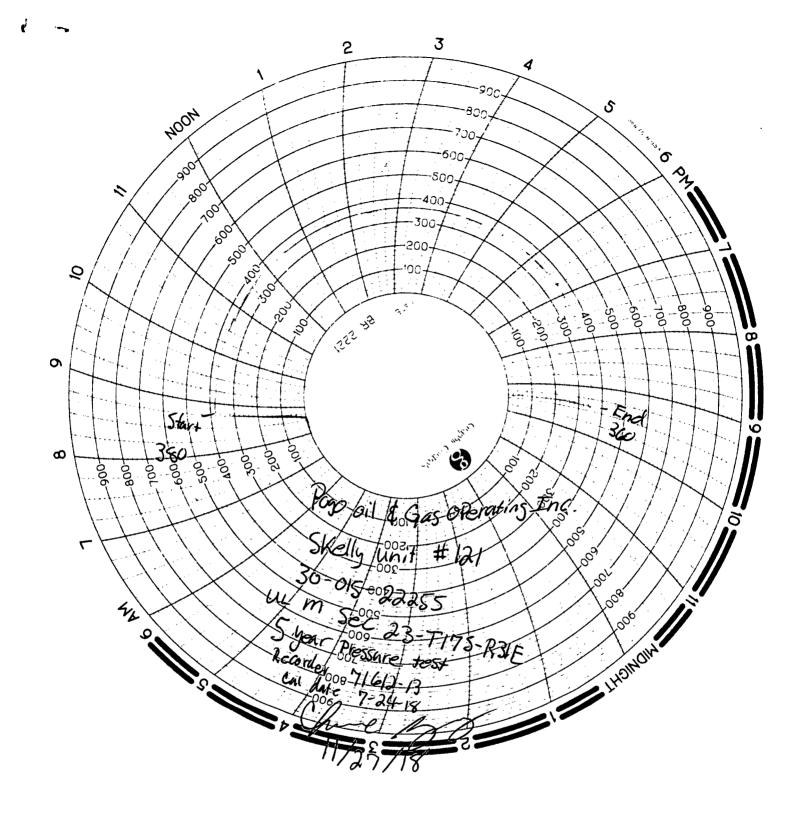
| Submine Copy To Appropriate District  | State of New Mexico   | Form C-103                           |
|---|---|--------------------------------------|
| Office<br><u>District I</u> – (575) 393-6161  | Energy, Minerals and Natural Resources  | Revised July 18, 2013                |
| 1625 N. French Dr., Hobbs, NM 88240   |   | WELL API NO.                         |
| <u>District II</u> – (575) 748-1283<br>811 S. First St., Artesia, NM 88210  | OIL CONSERVATION DIVISION   | 30-015-22255                         |
| <u>District III</u> – (505) 334-6178  | 1220 South St. Francis Dr.  | 5. Indicate Type of Lease            |
| 1000 Rio Brazos Rd., Aztec, NM 87410  | Santa Fe, NM 87505  | 6. State Oil & Gas Lease No.         |
| District IV – (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM<br>87505  | Sulta PC, PNP 07505   | 6. State On & Gas Lease No.          |
|   | ICES AND REPORTS ON WELLS   | 7. Lease Name or Unit Agreement Name |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A<br>DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH<br>PROPOSALS.) |   | Skelly Unit                          |
| 1. Type of Well: Oil Well   | Gas Well 🛛 Other INJECTION  | 8. Well Number #121                  |
| 2. Name of Operator<br>Pogo Oil and Gas Operating Inc   |   | 9. OGRID Number<br>372000            |
| 3. Address of Operator  |   | 10. Pool name or Wildcat             |
| 2130 W. Bender Blvd, Hobbs, NM 88240  |   | Grayburg                             |
| 4. Well Location  | ·····   |                                      |
| Unit LetterM:_  | 660feet from theSouth line and  | _660feet from theWestline            |
| Section 23  | Township 17S Range 31E  | NMPM County Eddy                     |
|   | 11. Elevation (Show whether DR, RKB, RT, GR, etc.   | c.)                                  |
| L   |   | L                                    |
|   | MULTIPLE COMPL CASING/CEMEN<br>OTHER:<br>Oleted operations. (Clearly state all pertinent details, a<br>prk). SEE RULE 19.15.7.14 NMAC. For Multiple Co<br>completion. | RILLING OPNS. P AND A                |
|   |   | RECEIVED                             |
|   |   | DEC 1 7 2018                         |
|   |   |                                      |
|   |   | DISTRICT II-ARTESIA O.C.D            |
| Spud Date:  | Rig Release Date:   |                                      |
|   |   |                                      |
|   |   |                                      |
| I hereby certify that the information   | above is true and complete to the best of my knowled  | lge and belief.                      |
| signature <u>lkr</u> GG   | fr TITLE Prode chit   | langen DATE 1/28/18                  |
| Type or print name <u>M· Y· M</u><br>For State Use Only   | erchant_ E-mail address: Myone - Ch   | @pcnxoco;/BHONE(575)492-12           |
| APPROVED BY   | TITLE COVER JANK  | Alicer DATE D-17-18                  |

APPROVED BY: <u>1</u> Conditions of Approval (if any):



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