

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

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised July 18, 2013

<b>WELL API NO.</b> 30-015-45274	
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 FRONTIER 32-23-26 STATE	
8. Well Number 431H	
9. OGRID Number 246289	
10. Pool name or Wildcat PURPLE SAGE; WOLFCAMP (GAS)	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,463 RKB	

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 ☐  
Completion/Tubing Install/ Date 1st produced (DOFP)  
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.

Please be advised that the above mentioned well was completed as follows:

Rig Released: 12/11/2018  
Completions Began: 01/02/2019  
PBTD @ 13,594' MD  
Ran MWD/GR Logs to Surface  
Frac Data: Perfs @ 9,154' to 13,547' (16 stages)  
10, 446,093 TL Fluid, 12,809,025 TL Proppant  
2 7/8" Tubing Installed 02/24/2019 @ depth of 8,107 and Packer @ 8,100

Spud Date:

11/26/2018

Rig Release Date:

12/11/2018

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

SIGNATURE [Signature] TITLE REGULATORY TECH II DATE 03/14/2019

Type or print name LORRI KLINE E-mail address: lorri.kline@wpenergy.com PHONE: 539-573-3518  
**For State Use Only**

APPROVED BY [Signature] TITLE Staff Mgr DATE 4-16-19  
Conditions of Approval (if any):