

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 30-015-02749	
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 HIGH LONESOME QUEEN UNIT	8 Well Number #006
9 OGRID Number 371484	10 Pool name or Wildcat HIGH LONESOME, QUEEN
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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2 Name of Operator Rover Operating, LLC	
3 Address of Operator 17304 Preston Road, Suite 300, Dallas, TX 75252	
4 Well Location Unit Letter I 1980 feet from the South line and 660 feet from the East line Section 16 Township 16S Range 29E NMPM County Eddy	
11 Elevation (Show whether DR, RKB, RT, GR, etc) 3683 GR	

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 type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER RETURNED TO PRODUCTION <input checked="" 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

3/29/18
 Make repairs to surface unit
 Load tbg, good PA, return 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 Kent Preston TITLE Regulatory Contractor DATE 4/18/2018

Type or print name Kenneth Preston E-mail address kpreston@roverpetro.com PHONE 214-234-9115

For State Use Only

APPROVED BY [Signature] TITLE Staff DATE 4-23-18
 Conditions of Approval (if any)