| Submit 1 Copy To Appropriate District Office   | State of New M                 |               | ) Form C-103                           |
|--|--------------------------------|---------------|--|
|  |                                |               | WELL API NO.                           |
| District I Energy, Minerals and Natural Resources  1625 N. French Dr., Hobbs, NM 88240  District II  1301 W. Grand Ave., Artesia, NM 88210  District III  1220 South St. Francis Dr  |                                |               | 30-025-28198                           |
| 1301 W. Grand Ave., Artesia, NM 88210  1302 Secreta St. Francis Division   |                                |               | 5. Indicate Type of Lease              |
| 1000 Rio Brazos Rd., Aztec, NM 87410, UN 0 2 2011 Garage Fr. NM 87505  |                                |               | STATE FEE S                            |
| District IV<br>1220 S. St. Francis Dr., Santa Fe, NMHOBBSUCD   |                                |               | 6. State Oil & Gas Lease No.<br>601649 |
|  |                                |               |  |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  |                                |               | 7. Lease Name or Unit Agreement Name   |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH  |                                |               | Barnhill 8. Well Number                |
| PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other  |                                |               | a. Well Number                         |
| 2. Name of Operator  |                                |               | 9. OGRID Number                        |
| NMR Energy LLC   |                                |               | 280401                                 |
| 3. Address of Operator   |                                |               | 10. Pool name or Wildcat               |
| 800 Bering, Ste 250, Houston Texas 77057  4. Well Location   |                                |               | King Wolfcamp                          |
|  |                                |               |  |
| Section 1  |                                | Range 37 E    | feet from theWestline  NMPM Lea County |
| Control of the contro | 11. Elevation (Show whether DR |               | NMPM Lea County                        |
|  | 3831                           |               |  |
|  |                                |               |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   |                                |               |  |
|  |                                |               |  |
|  | PLUG AND ABANDON               | REMEDIAL WORK | SEQUENT REPORT OF:  A ALTERING CASING  |
|  | CHANGE PLANS                   | COMMENCE DRIL |  |
| PULL OR ALTER CASING   | MULTIPLE COMPL                 | CASING/CEMENT |  |
|  |                                |               |  |
| OTHER:   | П                              | OTHER:        | [7]                                    |
| 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.   |                                |               |  |
|  |                                |               |  |
|  |                                |               |  |
|  |                                |               |  |
| After reviewing the files it has come to our attention that additional work preformed to this  |                                |               |  |
| wellbore was not filed by the previous operator.   |                                |               |  |
| Attached the Wellbore Diagram, Reports and any invoices that could be located, also I have   |                                |               |  |
| attached C-101, which was filed on 7/2/2000.   |                                |               |  |
|  |                                |               |  |
|  |                                |               |  |
|  |                                |               |  |
| Spud Date:   | Rig Release Da                 | te:           |  |
| <u> </u>   |                                | <u> </u>      |  |
| I house a continue that the information is   |                                |               |  |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |                                |               |  |
| 2/11/2/1   |                                |               |  |
| SIGNATURE TITLE Consulting Engineer DATE May 31/2011   |                                |               |  |
| Type or print name for State Use Only  APPROVED BY:  Conditions of Approval (if any):  TITLE SAFE MARK DATE 6-2-70//   |                                |               |  |
| For State Use Only PHONE: 132-687-1122   |                                |               |  |
|  |                                |               |  |
| APPROVED BY:   | TITLE SI                       | AFF NER       | DATE 2-2011                            |
| Conditions of Approval (if any):   |                                |               |  |
|  |                                |               |  |