

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

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| 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.) | | WELL API NO. 30-025-43117 |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator OneEnergy Partners Operating, LLC | | 6. State Oil & Gas Lease No. VB-2121 |
| 3. Address of Operator 2929 Allen Parkway, Suite 200, Houston, TX 77019 | | 7. Lease Name or Unit Agreement Name County Fair BTY State |
| 4. Well Location Unit Letter <u>D</u> : <u>200</u> feet from the <u>North</u> line and <u>400</u> feet from the <u>West</u> line Section <u>2</u> Township <u>25S</u> Range <u>35E</u> NMPM County <u>Lea</u> | | 8. Well Number 1H |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3254' | | 9. OGRID Number 372031 |
| 10. Pool name or Wildcat WC-025 S-09 S253502D Wildcat; Upper Wolfcamp | | |

OCD - HOBBS
 02/07/2018
 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 type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: First Production <input checked="" type="checkbox"/> | |
|--|--|---|--|

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.

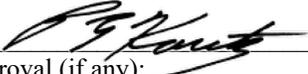
9/17/2017 – Opened well to flowback – First Production

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  TITLE Consultant DATE 9/17/2017

Type or print name Rachael Overbey E-mail address: rachaeloverbey@reenergygroup.com PHONE: 303-570-4057
For State Use Only

APPROVED BY:  TITLE _____ DATE 02/08/2018
 Conditions of Approval (if any): _____