

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. 30-025-45571	
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 TRITON STATE	
8. Well Number 002H	
9. OGRID Number 373013	
10. Pool name or Wildcat WILSON; BONE SPRING, NORTH	
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 <input type="checkbox"/> 2. Name of Operator RIDGE RUNNER RESOURCES OPERATING, LLC 3. Address of Operator 1004 N. BIG SPRING STREET, SUITE 325, MIDLAND, TX 79701 4. Well Location Unit Letter <u>N</u> : <u>100</u> feet from the <u>SOUTH</u> line and <u>2319</u> feet from the <u>WEST</u> line Section <u>13</u> Township <u>21S</u> Range <u>34E</u> NMPM County <u>LEA</u> 11. Elevation (<i>Show whether DR, RKB, RT, GR, etc.</i>) 3645' GLE	

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 checked="" 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: <input 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.

CORRECT N/S LINE ON SURFACE LOCATION FROM 100 FNL TO 100 FSL.

CORRECT SURFACE LOCATION ON C-102 PLAT FROM 2319 FWL TO 2318 FWL
 AND

CORRECT BOTTOM HOLE LOCATION ON C-102 PLAT FROM 2320 FWL TO 2319 FWL.

OCD – HOBBS
02/12/2019
RECEIVED

Spud Date:

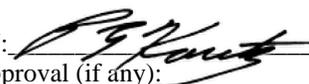
Rig Release Date:

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

SIGNATURE _____ TITLE REGULATORY ANALYST DATE 2/12/19

Type or print name MICHELLE SENA E-mail address: MSENA@3ROPERATING.COM PHONE: 432-684-7877

For State Use Only

APPROVED BY:  TITLE Petroleum Engineer DATE 02/12/2019
 Conditions of Approval (if any): _____