

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 August 1, 2011

RECEIVED APR 24 2012 HOBBS OCD		WELL API NO. 30-025-28295
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)		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		6. State Oil & Gas Lease No.
2. Name of Operator NMR ENERGY LLC		7. Lease Name or Unit Agreement Name POST
3. Address of Operator 800 BERING, STE 250, HOUSTON TX 77057		8. Well Number 2
4. Well Location Unit Letter M : 700 feet from the S line and 467 feet from the W line Section 1 Township 14S Range 37E NMPM LEA County		9. OGRID Number 280401
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3833 GR		10. Pool name or Wildcat DEVONIAN SOUTH

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: ☒ RTP

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.

4/12/12

Competency of flowline tested, Plumb the well into the Post tanks, by passing the heater treater.

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 Hollie Lamb TITLE Regulatory Affairs Coordinator DATE 04/16/2012

Type or print name HOLLIE LAMB E-mail address: hlamb@helmsol.com PHONE: 432.682-1122

APPROVED BY: [Signature] TITLE PETROLEUM ENGINEER DATE APR 25 2012

Conditions of Approval (if any):

APR 25 2012