| Submit I Copy To Appropriate District Office | State of New Mexico | | Form C-103 | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------|------------------------------|-------------------------|
| District 1 (575) 393-6161 | Energy, Minerals and Natural Resources | | Revised August 1, 2011 | |
| 1625 N French Dr., Hobbs, NM 88240 District II (575) 748-1283 | | | WELL API NO. 30-025-40473 | |
| 811 S. First St., Artesia, NM 88210 | , NM 88210 HORRED CHONSERVATION DIVISION | | 5. Indicate Type of Lease | |
| District III (505) 334-6178 1000 Rio Brazos Rd , Aztec, NM 87410 | ISHIRI (1973) 334-0178 1220 South St. Francis Dr. | | STATE FEE | |
| <u>District IV</u> = (505) 476-3460 IIIN 8.0 (4412) Santa Fe, NM 8/505 | | 6. State Oil & Gas Lea | | |
| 1220 S. St. Francis Dr., Santa Fe, NM 991 87505 | 1 0.8 2012 | | | |
| The state of the s | ES AND REPORTS ON WELLS | | 7. Lease Name or Unit | Agreement Name |
| (DO NOT USE THIS FORM FOR PROPOSITE CENTRE) LOR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS) | | | Lepakast State Com | |
| | Gas Well 🔲 Other 🖊 | | 8. Well Number | 1H / |
| 2. Name of Operator | eration Energy Corp. | | 9. OGRID Number | 280240 |
| 3. Address of Operator | cranon Energy Corp. | | 10. Pool name or Wild | cat |
| | Artesia, NM 88211-0210 | | Antelope Rida | |
| 4. Well Location | | | Missippe was | 16, cone spiri |
| Unit Letter P : | _330feet from theSouth_ | line and 38 | feet from the | East line |
| Section 24 | Township 23S | Range 34E | NMPM Lea | County |
| 90.101 | 11. Elevation (Show whether DR, | | THIS IN Lea | County |
| | 3387 | | | |
| • / | | | | • |
| 12. Check Ap | propriate Box to Indicate N | ature of Notice, F | Report or Other Data | 1 |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK | | | | CLOF. ERING CASING □ |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRIL | - | ND A |
| PULL OR ALTER CASING | MULTIPLE COMPL | CASING/CEMENT | | |
| DOWNHOLE COMMINGLE | | | . | |
| OTHER | ,1 | OTUES | | |
| OTHER: 13. Describe proposed or comple | ted operations (Clearly state all r | OTHER: | give portinent dates inc | Pluding estimated date |
| of starting any proposed work | k). SEE RULE 19.15.7.14 NMAC | . For Multiple Com | pletions: Attach wellbo | ore diagram of |
| 4/19/2012: Drilled 17 1/2" hole from s | ourface to 905' MD Ran 13 3/8 54 | 4 5# I-55 STC casing | r set at 905' MD. Ceme | nt 550 ex of |
| Extendacem CZ with .125# Poly-E-Fl | | | | |
| cementing at 2:00pm 4/19/2012 | | | 1 | |
| · · · · · | | 1 | • | |
| | · | | | |
| Spud Date: 4/17/2012 | Rig Release D | vate: 4/26/201 | 12 | |
| | Ž. | | | |
| | | | ı | |
| I hereby certify that the information al | pove is true and complete to the be | est of my knowledge | and belief. | |
| 0.0 | $\mathcal{G}_{\mathcal{F}}$ | | | |
| SIGNATURE W. W. | TITLE | Secretary/Treasurer | DATE 6/8/20 | 012 |
| Type or print name Joel W. Miller | E-mail address: jmiller@ | pvtn.net PHON | E: 575-736-3535 | · |
| For State Use Only | A DESK | POSCHIA: ENGLISH | \$4.F: | JUN 0 8 2012 |
| APPROVED BY: Conditions of Approval (if any): | TITLE | ASSESSION FERENCES | DATE_ | |
| minimizer contract con a while many for many to | | | | |