

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 87416  
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 August 1, 2011

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-28598
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Bryan
8. Well Number 01
9. OGRID Number 270358
10. Pool name or Wildcat Wildcat <i>VC-025 G-07 S193513B Bone Spring &lt;97926&gt;</i>

**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 ☒ Gas Well ☐ Other ☐

2. Name of Operator  
Lawson Operating, LLC

3. Address of Operator  
PO Box 52667, Midland, TX 79710

4. Well Location  
Unit Letter B : 660 feet from the North line and 1980 feet from the East line  
Section 13 Township 19S Range 35E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3733 GL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <u>X</u>		OTHER: <input type="checkbox"/>	

Change of proration unit only from Section units B and C to B and G

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 *Phillip Lawson* TITLE Manager DATE 8-23-12  
Type or print name Phillip Lawson E-mail address: pllawson@aol.com PHONE: 432-556-0797

**For State Use Only**

APPROVED BY: *Dist. Mgr* TITLE Dist. Mgr DATE 8-27-2012  
Conditions of Approval (if any):

AUG 27 2012

District I  
1625 N French Dr., Hobbs, NM 88240  
Phone (575) 393-6161 Fax (575) 393-0720  
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Phone (505) 476-3460 Fax (505) 476-3462

**HOBBS OCD** State of New Mexico  
Energy, Minerals & Natural Resources Department  
**AUG 22 2012** CONSERVATION DIVISION  
1220 South St. Francis Dr.  
**RECEIVED** Santa Fe, NM 87505

Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office  
X AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<sup>1</sup> API Number 30-025-28598		<sup>2</sup> Pool Code 97926	<sup>3</sup> Pool Name WC-025 G-07 5193513B; Bone Spring
<sup>4</sup> Property Code 310039	<sup>5</sup> Property Name Bryan		<sup>6</sup> Well Number 1
<sup>7</sup> OGRID No. 270358	<sup>8</sup> Operator Name Lawson Operating LLC		<sup>9</sup> Elevation 3733

<sup>10</sup> Surface Location

UL or lot no. B	Section 13	Township 19S	Range 35E	Lot Idn.	Feet from the 660	North/South line N	Feet from the 1980	East/West line E	County Lea
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<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn.	Feet from the	North/South line	Feet from the	East/West line	County
<sup>12</sup> Dedicated Acres 80	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code		<sup>15</sup> Order No.					

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

<sup>16</sup> 	<sup>17</sup> <b>OPERATOR CERTIFICATION</b> I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.  Signature _____ Date 8/20/12 Phillip Lawson Printed Name pllawson@aol.com E-mail Address		
	<sup>18</sup> <b>SURVEYOR CERTIFICATION</b> I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.  Date of Survey _____ Signature and Seal of Professional Surveyor _____  Certificate Number _____		

★ Amended