

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
220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised August 1, 2011

HOBBS OCD

JAN 23 2013

RECEIVED

WELL API NO. 35-025-01036
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 State C AC 1
8. Well Number 3
9. OGRID Number 20165
10. Pool name or Wildcat SWD Devonian
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 SWD

2. Name of Operator
Samson Resources Company

3. Address of Operator
Two West Second Street, Tulsa, OK 74103

4. Well Location
Unit Letter L; 1980 feet from the South line and 660 feet from the West line
Section 2 Township 12S Range 33E NMPM Lea County

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

OTHER:

SUBSEQUENT REPORT OF:

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

OTHER: Annual Bradenhead Test

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.

1-16-2013: Bradenhead Test Conducted - Passed; Not Witnessed; The following pressures were reported to and approved by Sylvia Dickey with NM OCD:

Tubing Pressure: 140 psi
Production Casing Pressure: 0 psi
Surface Casing Pressure: 0 psi
Intermediate Casing Pressure: 0 psi

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 Craig Crowder TITLE Senior Environmental Specialist DATE 1/21/13

Type or print name: Craig Crowder E-mail address: ccrowder@samson.com PHONE: (918) 591-1366

For State Use Only

APPROVED BY: [Signature] TITLE Dist. Mgr DATE 1-24-2013
Conditions of Approval (if any):