

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 August 1, 2011

HOBBS OGD CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
 SEP 20 2013

WELL API NO.	30 025 41096
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	VO 8263
7. Lease Name or Unit Agreement Name	Gateway 2 State <input checked="" type="checkbox"/>
8. Well Number #	2H
9. OGRID Number	249099
10. Pool name or Wildcat	Wolfcamp - Wildcat

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
 Caza Operating, LLC

3. Address of Operator
 200 N. Loraine, Suite 1550, Midland, Tx 79701

4. Well Location
 Unit Letter D : 525 feet from the North line and 660 feet from the West line
 Section 2 Township 19 S Range 35 E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3849 GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	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 checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

9-9-2013_ R/U & run CBL w/ BWWL. TOC=3150'. Install frac valve & tested valve to 10,000 psi.
 9-12-2013_ R/U pump truck. Open RSI tool @ 13,364' w/ 7500 psi. Establish injection rate of 10 BPM @ 6600 psi. ISIP 3480 psi. FG Calculated @ .793 psi/ft. TVD of RSI 9695 ft.

FRAC REPORT HAS TO BE FILED ELECTORONIC ON E-PERMITTING FOUND ON OCD WEB PAGE
<http://www.emnrd.state.nm.us/ocd/>

Spud Date: 4-30-2013 Rig Release Date: 9-2-2013

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

SIGNATURE Richard L. Wright TITLE Operations Manager DATE 9-17-2013

Type or print name Richard L. Wright E-mail address: rwright@cazapetro.com PHONE: 432 682 7424

APPROVED BY [Signature] TITLE Dist. Mgr DATE 9-23-2013
 Conditions of Approval (if any):