

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

HOBBS OCD
 JUN 11 2014

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

WELL API NO. 30-025-30856 .

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
 J.L. Reed

8. Well Number 6

9. OGRID Number

10. Pool name or Wildcat
 King Wolfcamp

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 Paladin Energy Corp.

3. Address of Operator 10290 Monroe Dr., Suite 301
 Dallas, Texas 75229

4. Well Location
 Unit Letter G : 1800 feet from the North line and 1650 feet from the East line
 Section 35 Township 13S Range 37E NMPM Lea County

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: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Re-new T&A <input checked="" type="checkbox"/>
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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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

R/U pumping unit. CIBP set at 9,200' above Top perforation at 9,302'. Filled Casing with fluid, tested 5-1/2" casing to 500# and held for 30 minutes. Recorded chart. Chart OK. (see attached)

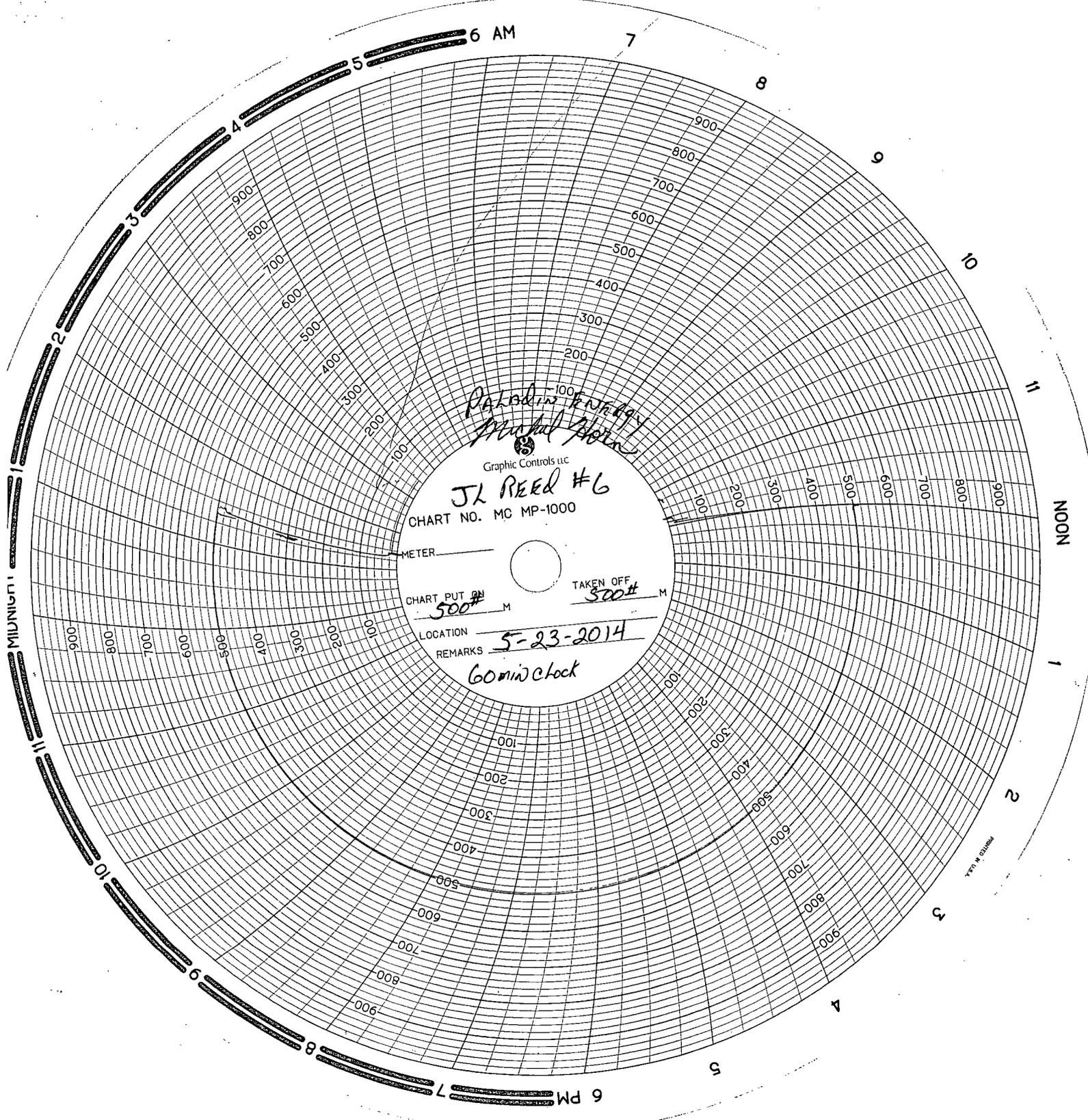
This Approval of Temporary Abandonment Expires 5/23/2016
2 years

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE [Signature] TITLE VP Exploration & Production DATE 6/9/2014

Type or print name Maureen Brown E-mail address: _____ Telephone No. _____
For State Use Only
 APPROVED BY: [Signature] TITLE Dist. Supervisor DATE 6/16/2014
 Conditions of Approval (if any): _____

PM.



Patrick Kennedy
Michael Hester

Graphic Controls LLC

JL REED #6

CHART NO. MC MP-1000

METER _____

CHART PUT ON
500# M

TAKEN OFF
500# M

LOCATION
5-23-2014

REMARKS
60 min check

GRAPHIC CONTROLS LLC