

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 July 18, 2013

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

|   |
|---|
| WELL API NO.<br><u>30-025-26965</u>   |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br><u>B-1167</u>   |
| 7. Lease Name or Unit Agreement Name<br><u>Poshh</u>  |
| 8. Well Number<br><u>002</u>  |
| 9. OGRID Number<br><u>018099</u>  |
| 10. Pool name or Wildcat<br><u>SWD: Queen</u>   |

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  
PRIME Operating Co.

3. Address of Operator  
3300 N A St. Bldg 1-238, Midland, TX 79705

4. Well Location  
Unit Letter F : 1650 feet from the North line and 1650 feet from the West line  
Section 36 Township 24 S Range 36 E NMPM County LEA

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

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 type="checkbox"/>                          |  |
| DOWNHOLE COMMINGLE <input type="checkbox"/>    |   |   |  |
| CLOSED-LOOP SYSTEM <input type="checkbox"/>    |   |   |  |
| OTHER: <input type="checkbox"/>                |   | OTHER: <u>MIT/PRESSURE TEST</u> <input checked="" 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.

TEST WITNESSED BY DCD REP. ON 8/22/14  
STARTED PRESSURE @ 560#  
ENDED @ 550#  
TIME 32 MINS.

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 Carol Owens TITLE OFFICE MANAGER DATE 9/11/14  
Type or print name CAROL OWENS E-mail address: COWENS@PRIMEENERGY.COM PHONE: 432-682-5600  
**For State Use Only**  
APPROVED BY: Bill Semanah TITLE Staff Manager DATE 9/16/2014  
Conditions of Approval (if any):

FOR RECORD ONLY

SEP 19 2014

6 P.M. = 7

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MIDNIGHT = 1

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6 A.M.

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NOON

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*Price  
526.55  
1000 # 540 #  
540 # 540 #  
32 min*

(A)

BR 2221

8/22/2014

GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK



FOR RECORD ONLY

6/19/2014