

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. <b>30-025-31653</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>19207</b>
7. Lease Name or Unit Agreement Name <b>Dagger Lake 5 State</b>
8. Well Number <b>1</b>
9. OGRID Number <b>000785</b>
10. Pool name or Wildcat <b>Dagger Lake Delaware</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>KB: 3661'</b>

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK 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 **Amtex Energy, Inc.**  
3. Address of Operator **P.O. Box 3418, Midland, Texas 79702**  
4. Well Location  
Unit Letter **D** : **330** feet from the **S** line and **1980** feet from the **E** line  
Section **5** Township **22 S** Range **33 E** NMPM **6a** County  
11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**KB: 3661'**

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: <b>Request for TA Status</b>		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.

**> 3 month TA Status Request. IAD/OCD.**

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 **William J. Savage** TITLE **President** DATE **10/21/14**  
Type or print name **William J. Savage** E-mail address: **bsavage@amtexenergy.com** PHONE: **432/686/0847**  
**For State Use Only**  
APPROVED BY: **[Signature]** TITLE **COMPLIANCE OFFICER** DATE **10/24/2014**  
Conditions of Approval (if any):

**OCT 28 2014**