

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

|  |  |   |
|--|--|---|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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.)   |  | WELL API NO.<br>30-025-05369  |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD <input type="checkbox"/>   |  | 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator<br>Vanguard Permian, LLC   |  | 6. State Oil & Gas Lease No.<br>306822  |
| 3. Address of Operator<br>5847 San Felipe, Suite 3000 Houston, Tx 77057  |  | 7. Lease Name or Unit Agreement Name<br>ABO SWD   |
| 4. Well Location<br>Unit Letter <u>  </u> F <u>  </u> ; <u>  </u> 2310' <u>  </u> feet from the <u>  </u> N <u>  </u> line and 2626' feet from the <u>  </u> W <u>  </u> line<br>Section <u>  </u> 31 <u>  </u> Township <u>  </u> 16S <u>  </u> Range <u>  </u> 37E <u>  </u> NMPM <u>  </u> County <u>  </u> Lea |  | 8. Well Number <u>  </u> 31   |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>GR - 3839'   |  | 9. OGRID Number<br>25835  |
|  |  | 10. Pool name or Wildcat<br>Eunice; San Andres, Southwest   |

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: Location Remediation <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.

1/7/2015  
 Removed plastic liner from berm area and leveled berm to natural contour.

Marker corrected as requested in Violation Letter dated 4-Dec-2014.

Location ready for final inspection.

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 Randall H. Hicks TITLE Sen Ops. Eng DATE 1/9/2015

Type or print name RANDALL Hicks E-mail address: r\_hicks@vnrllc.com PHONE: 832-377-2207  
 For State Use Only

APPROVED BY: Mark Whitaker TITLE Compliance Officer DATE 1/20/2015

Conditions of Approval (if any):

HOBSOCD

JAN 20 2015

RECEIVED

HOBSOCD

JAN 20 2015

RECEIVED

JAN 26 2015