

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
 Department of Geology, Minerals and Natural Resources

Form C-103
 May 27, 2004

HOBBS OCD
Oil and Gas Conservation Division
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

MAY 27 2015

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 Inj

2. Name of Operator: **SUNDOWN ENERGY LP**

3. Address of Operator: **13455 NOEL RD, STE. 2000, DALLAS, TX 75240**

4. Well Location
 Unit Letter **B**: 330 feet from the NORTH line and 1650 feet from the EAST line
 Section 28 Township 18S Range 35E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3913.8' GR

Pit or Below-grade Tank Application or Closure

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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"/>	
OTHER Change of well name <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

CHANGE NAME OF WELL FROM: ARCO 28 STATE #2
 CHANGE NAME OF WELL TO: REEVES-QUEEN WATERFLOOD UNIT #2

Ref: R-13785

OCD E-GRID NO. 232611
 PROPERTY NO. 40360
 FOOT CODE 52070
 EFF. DATE 1/6/2015
 API NO. 30-025-29526

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 Belinda Bradley TITLE ADMIN. ASST. DATE 2/18/2015
 Type or print name BELINDA BRADLEY Email address: bbradley@sundownenergy.com Telephone No. 432-943-8770

For State Use Only

APPROVED BY: Bel Serranah TITLE Staff Manager DATE 5/28/2015
 Conditions of Approval (if any):

E-PERMITTING _____ INT to PA _____
 P&A NR _____ P&A R _____
 DHC COMP _____ Prop Name CHB _____
 CSNG _____ CHG Loc _____
 TA _____ RBDMS _____

MAY 28 2015