

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. 30-025-29192	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name North Vacuum ABO North Unit 9	<input checked="" type="checkbox"/>
8. Well Number #3	<input checked="" type="checkbox"/>
9. OGRID Number 277558	
10. Pool name or Wildcat Vacuum; ABO, North	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4046' GL	

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 Injection

2. Name of Operator
Lime Rock Resources II-A, L.P.

3. Address of Operator
1111 Bagby Street Suite 4600

4. Well Location
 Unit Letter O : 460 feet from the South line and 1680 feet from the East line
 Section 2 Township 17S Range 34E NMPM NM County Lea

HOBBBS OCD
 JUN 24 2015
 RECEIVED

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" 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: <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.

Set plug above perfs.
 Squeeze hole and csg (hole approximately 5300' - 5700')
 Drill out squeeze and test csg.
 Drill out plug.
 RIH with coated tbg & packer.
 Return well to Injection.

**Condition of Approval: notify
 OCD Hobbs office 24 hours
 prior of running MIT Test & Chart**

**Per Underground Injection Control Program Manual
 11.6 C Packer shall be set within or less than 100
 feet of the uppermost injection perfs or open hole.**

PROVIDE CURRENT WELLBORE DIAGRAM

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 Michael Barrett TITLE Production Supervisor DATE 06/23/2015

Type or print name Michael Barrett E-mail address: mbarrett@limerockresources.com PHONE: 575-623-8424

APPROVED BY Maureen Brown TITLE Dist Supervisor DATE 6/24/2015
 Conditions of Approval (if any):

JUN 24 2015 *dm*