| Submit I Copy To Appropriate District Office   | State of New Me   |                               | Form C-   |        |
|--|---|-------------------------------|---|--------|
| District I – (575) 393-6161  | Energy, Minerals and Natu   | ıral Resources                | Revised July 18, WELL API NO.   | 2013   |
| 1625 N. French Dr., Hobbs, NM 88240<br><u>District II</u> – (575) 748-1283                 | OIL CONGERNATION  | DIVIGION                      | 30-025-32698  |        |
| 811 S. First St., Artesia, NM 88210<br><u>District III</u> – (505) 334-6178                | OIL CONSERVATION  |                               | 5. Indicate Type of Lease   |        |
| 1000 Rio Brazos Rd., Aztec, NM 87410   | 1220 South St. Fran   |                               | STATE FEE   |        |
| <u>District IV</u> – (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM<br>87505      | Santa Fe, NM 87   | 7303                          | 6. State Oil & Gas Lease No.<br>B-1633  |        |
| SUNDRY NOTI  | CES AND REPORTS ON WELLS  |                               | 7. Lease Name or Unit Agreement Nar   | me     |
| (DO NOT USE THIS FORM FOR PROPOS<br>DIFFERENT RESERVOIR. USE "APPLIC<br>PROPOSALS.)        | SALS TO DRILL OR TO DEEPEN OR PLI<br>CATION FOR PERMIT" (FORM C-101) FO | UG BACK TO AD<br>ORISUGHS UCD | State A <b>Q</b> 8. Well Number   |        |
|  | Gas Well 🛛 Other 🗌  | _ ^ ^ ? \%                    | 007 /   |        |
| 2. Name of Operator  |   | SEP W O ZUIN                  | 9. OGRID Number   |        |
| 3. Address of Operator   | ocoPhillips Company   |                               | 217817  10. Pool name or Wildcat  |        |
| P.O. Box 5   | 51810 Midland, TX 79710   | RECEIVED                      | Eumont Yates 7 Rvrs QN  |        |
| 4. Well Location   | 1000 C (C (I N (I   | 1' 1                          |   |        |
|  | 1980 feet from the North  |                               | 660 feet from the West line   | 3      |
| Section 30   | Township 19-S Ra  11. Elevation (Show whether DR)                       | ange 37-E                     | NMPM County Lea   |        |
|  | 3670°   |                               |   |        |
| 12 Check A   | Appropriate Box to Indicate N   | lature of Notice              | Report or Other Data  |        |
| E-PERMITTING <swd< td=""><td></td><td></td><td>·</td><td></td></swd<>                      |   |                               | ·   |        |
| · · · · · · · · · · · · · · · · ·  | INJECTION>  |                               | SEQUENT REPORT OF:  |        |
| RETURN TO TA REMEDIAL WOR  |   |                               | <del>-</del>  |        |
| CSNGENVIRO   | CHG LOC   | CASING/CEMEN                  | <del></del>   |        |
| INT TO PA P&A NR   | P&A R   |                               | _   |        |
| OTHER:   |   | OTHER:                        |   |        |
| 13. Describe proposed or comp  | ork). SEE RULE 19.15.7.14 NMA   | pertinent details, an         | d give pertinent dates, including estimated mpletions: Attach wellbore diagram of | d date |
|  |   |                               |   |        |
| 8/19/15—MIRU.  |   |                               |   |        |
| 8/20/15—NUBOP RIH Tag CIE  | BP @ 3320', pump MLF, spot 25 sx  | ks cmt.                       |   |        |
| / 8/21/15—RIH Tag @ 3099'. PUH to 2930' spot 65 sxs w/ 2% Cal - Tag @ 2314'. PUH to 1390'. |   |                               |   |        |
| 9/24/15 Spot 25 sys w/ 29/- Co   | l @ 1390' – Tag @ 1157'. PUH to   | 492' numn 62 ava              | omt to surface DDMO   |        |
| 6/24/13—3pot 23 8x8 w/ 270 Ca  | 1 (w 1390 – 1 ag (w 1137 . FOR to                                       | 465 pump 02 8x8 0             | ant to surface. RDIVIO.   |        |
|  |   |                               |   |        |
|  |   |                               |   |        |
|  |   |                               |   |        |
| Spud Date:   | Rig Release Da  | ate:                          |   |        |
|  |   |                               |   |        |
| I hereby certify that the information  | ahove is true and complete to the h                                     | act of my knowledge           | to and haliaf   |        |
| Thereby certify that the information   | above is true and complete to the o                                     | est of my knowledg            | e and bener.  |        |
| 70   |   | ·                             |   |        |
| SIGNATURE  | TITLE P&A   | Tech – Basic Ener             | gy ServicesDATE9/1/15   |        |
| Type or print name Greg Brys   | ant E-mail address:   |                               | PHONE: <b>432-563-3355</b>  |        |
| For State Use Only   |   |                               |   |        |
| APPROVED BY:   | Sbrown TITLE De   | st Super                      | USO DATE 9/9/2019   | 5      |
| Conditions of Approval (if any):   |   |                               |   | · A.   |
|  |   |                               | SEP 0 9 2015  | A.     |