

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. 30-025-27511	✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. 314226	
7. Lease Name or Unit Agreement Name State 7	✓
8. Well Number 001	✓
9. OGRID Number 310809	
10. Pool name or Wildcat Crossroads SA, East	

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

2. Name of Operator
Nemo Fund I, LLC

3. Address of Operator
901 W Missouri, Suite 911, Midland, TX 79701

4. Well Location
 Unit Letter G : 2310 feet from the North line and 1980 feet from the East line
 Section 7 Township 10S Range 37E NMPM Lea County

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

HOBBBS OCD
 NOV 03 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 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: Facility Work	X

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.

July 15, 2015 – After garnering approvals from interest owners, ordered equipment for facilities upgrade.

August 17, 2015 – Tore out old facilities

August 18, 2015 – Installed new facilities

August 19, 2015 – Put well on, made adjustments as needed and returned to production

New separation equipment was installed, salvageable tanks were refurbished and old tanks/equipment on location were removed.

Since this facility workover, the well has been operating efficiently and is currently producing on average more than 3 BOPD.

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 Denise Jones TITLE Regulatory Analyst DATE 10/30/2015

Type or print name Denise Jones E-mail address: djones@cambrianmgmt.com PHONE: 432-620-9181

For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 11/07/15

Conditions of Approval (if any):

NOV 04 2015

[Handwritten mark]