

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
OIL CONSERVATION DIVISION
 1220 South St. Francis
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

HOBBS OGD

DEC 24 2015

RECEIVED

WELL API NO. 30-025-23247	✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	✓
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Pearl Marr	✓
8. Well Number 1	✓
9. OGRID Number 309220	
10. Pool name or Wildcat SWD: San Andres	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR 3962'	

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 SWD well

2. Name of Operator
SOGO III LLC ✓

3. Address of Operator
P.O. Box 210, Midland, TX 79702

4. Well Location
 Unit Letter P : 660 feet from the S line and 660 feet from the E line
 Section 27 33 Township 9S Range 37E NMPM County Lea

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"/>		OTHER: <input checked="" type="checkbox"/>	Bradenhead Test
CLOSED-LOOP SYSTEM <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.

Ran Bradenhead test 12/01/15. Witnessed by George Bower. Bradenhead Test Report and chart attached.

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 Tammy Kennedy TITLE: Regulatory Administrator DATE: 12/14/2015

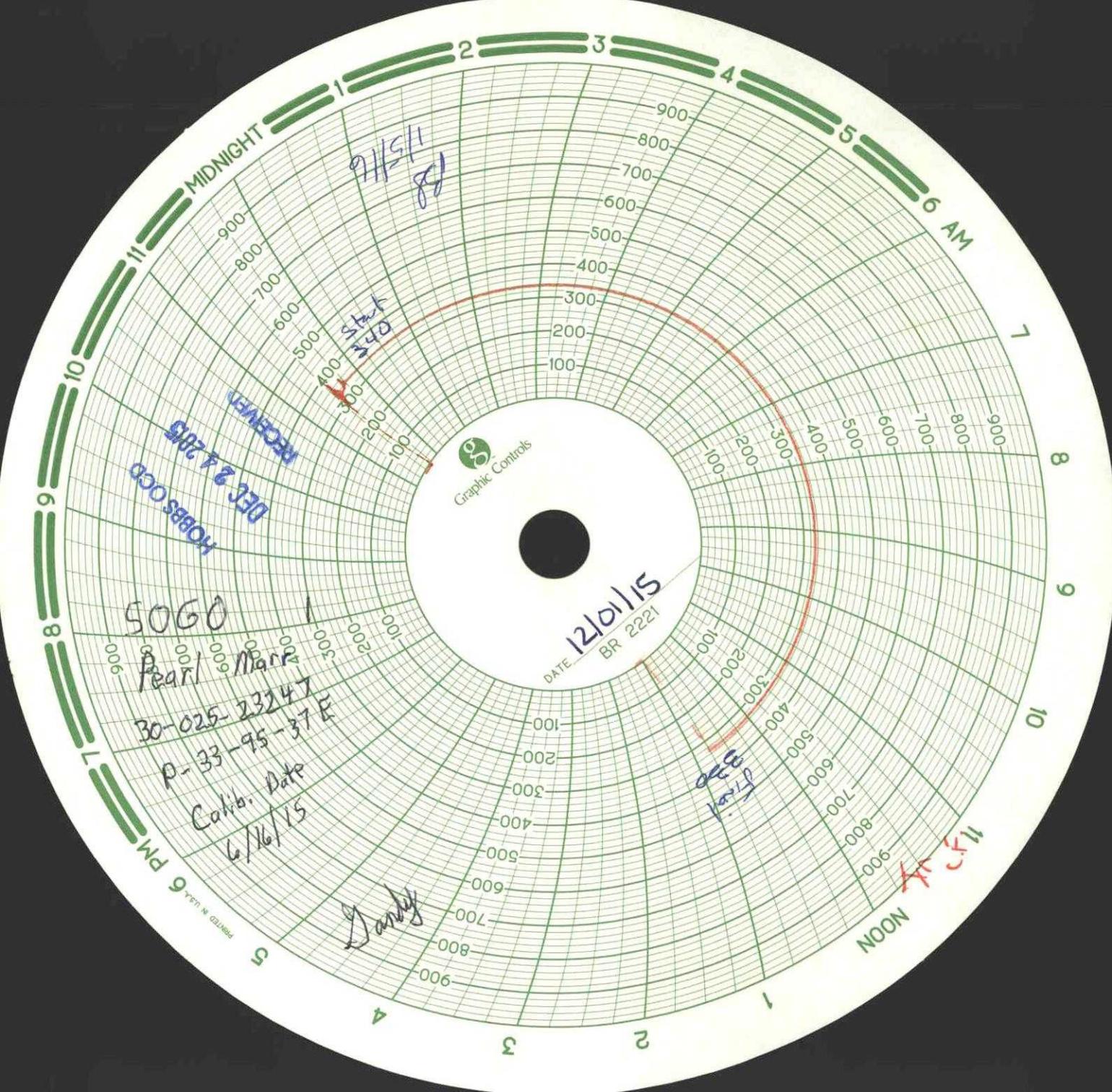
Type or print name Tammy Kennedy E-mail address: tkennedy@stanolind.com PHONE: 432-640-0000

For State Use Only

APPROVED BY: Bill Samanah TITLE Staff Manager DATE 1/5/16

Conditions of Approval (if any):

JAN 05 2016



MIDNIGHT

6 AM

HOBBS CO
DEC 2 4 2015
RECEIVED

9/15/16
18

Start
340

Graphic Controls

DATE 12/01/15
BR 2221

5060
Pearl Mark
30-025-23247
P-33-95-37 ER
Calib. Date
6/16/15

Final
330

Dandy

NOON
11:30
C.F. II

11:57 AM CALIBER