

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

HOBBS OGD

DEC 24 2015

WELL API NO. 30-025-23951
 5. Indicate Type of Lease
 STATE FEE
 6. State Oil & Gas Lease No.
 RECEIVED

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 Injection well

2. Name of Operator
 SOGO III LLC

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

4. Well Location
 Unit Letter N : 660 feet from the S line and 1780 feet from the W line
 Section 27 Township 9S Range 37E NMPM County Lea

7. Lease Name or Unit Agreement Name
 SFPRR

8. Well Number 13

9. OGRID Number 309220

10. Pool name or Wildcat
 Sawyer; San Andres, West

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 KB 3976'

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING MULTIPLE COMPL
 DOWNHOLE COMMINGLE
 CLOSED-LOOP SYSTEM
 OTHER:

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. P AND A
 CASING/CEMENT JOB
 OTHER: Pressure Test

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 pressure test 11/30/15. 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: 432-640-0033

For State Use Only

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

Conditions of Approval (if any):

JAN 05 2016

Handwritten initials and marks

PRINTED IN U.S.A.

6 PM

MIDNIGHT

6 AM

NOON

HOBBS OGD
DEC 24 2015

RECEIVED

Graphic Controls

DATE 11/30/15
BR 2221

#13
#15

5060

SFPAR

30-025-23951

N-27-95-37E

Calib. Date

6/16/15

128
11/5/16

OK
[Signature]

