

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
 RECEIVED

WELL API NO. 30-025-24358	✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	✓
6. State Oil & Gas Lease No. NMLC 067775	✓
7. Lease Name or Unit Agreement Name USM	✓
8. Well Number 2	✓
9. OGRID Number 309220	✓
10. Pool name or Wildcat SWD: San Andres	✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3962.4'	✓

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 H : 1980 feet from the N line and 810 feet from the E line
 Section 27 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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Pressure Test <input checked="" 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 pressure 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. BS

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 Semanek TITLE Staff Manager DATE 1/5/16

Conditions of Approval (if any):

JAN 05 2016 cy

NOON

DATE 12/01/15
BR 2221

Graphic Controls
8

RECEIVED
DEC 24 2015
HOBBS OGD

BS
1/5/16

5m
300

Start
400



5060
US M

30-8025-24358
H-27-45-37E

Calib Date
6/16/15

Sandy

6 AM

MIDNIGHT