

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. <b>30-025-00383</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>B-9683</b>
7. Lease Name or Unit Agreement Name <b>Anderson Ranch Unit</b>
8. Well Number <b>1</b>
9. OGRID Number <b>155471</b>
10. Pool name or Wildcat <b>Anderson Ranch Devonian</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>4302 GR</b>

**SUNDRY NOTICES AND REPORTS ON WELLS** **JAN 12 2016**  
 (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  
**Grand Banks Energy**

3. Address of Operator  
**10 Dextra Dr., Ste 300-E, Midland, TX 79705**

4. Well Location  
 Unit Letter **G** : **1980** feet from the **North** line and **1980** feet from the **East** line  
 Section **11** Township **16S** Range **39E** NMPM County **Lea**

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <b>MIT on TA'd well</b> <input checked="" type="checkbox"/>	
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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.

**Pressured up to 540 psi. Held for 30 minutes. Test run 12/17/15.**

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 12-22-2015

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

APPROVED BY: Bill Semanah TITLE Staff Manager DATE 1/13/16

Conditions of Approval (if any):

JAN 13 2016

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12/13/16

Start 540

GIANNI BANKS  
ARUTE 1

API # 30-025-00380  
UNIT 9 SEC II T 165-132E

START 540  
END 540

ACD  
CALIB-DHTED 12/15

DATE 12/17/15  
BR 2221



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