

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

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.)		WELL API NO. 30-025-24631
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other (Injection)		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Lime Rock Resources II-A. LP		6. State Oil & Gas Lease No. K-4605
3. Address of Operator 1111 Bagby St., Ste. 4600; Houston, TX 77002		7. Lease Name or Unit Agreement Name North Vacuum Abo North Unit
4. Well Location Unit Letter <u>B</u> : <u>800</u> feet from the <u>N</u> line and <u>2120</u> feet from the <u>E</u> line Section <u>1</u> Township <u>17S</u> Range <u>34E</u> NMPM County <u>Lea</u>		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4034.3 GR		9. OGRID Number 277558
10. Pool name or Wildcat North Vacuum (Abo)		

HOBBS OCD
 MAY 26 2016
 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 checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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: <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.

Project: Clean Out Wellbore/Replace Tbg & Pkr (5/10/16 - 5/13/16)

- 1) Unseat pkr & TOH.
- 2) TIH w/csg scraper & TOH LD tbg.
- 3) Set 5-1/2" permanent pkr @ 8640'.
- 4) TIH w/260 jts IPC tbg.
- 5) Circ w/2% KCl & pkr fluid.
- 6) Latched onto pkr & NU well.
- 7) Ran NMOCD witnessed pressure test (5/20/16).

Spud Date: 12/28/73

Rig Release Date: 1/23/74 (TD'd)

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____ TITLE Regulatory Tech DATE 5/24/16
 Type or print name Carla Martin E-mail address: cmartin@limerockresources.com PHONE: 713/292-9510
For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 6/24/16
 Conditions of Approval (if any): _____

