

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

HOBBS 008
 JUL 25 2016
 RECEIVED

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

WELL API NO. 30-025-41856
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Loco Dinero 36 State Com
8. Well Number 2H
9. OGRID Number 14187
10. Pool name or Wildcat WC-025 G-09 S2133351; Wolfcamp
4. Well Location Unit Letter <u>A</u> : <u>330</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>East</u> line Section <u>36</u> Township <u>21S</u> Range <u>33E</u> NMPM County <u>Lea</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3644' GR

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

2. Name of Operator
Marshall & Winston, Inc.

3. Address of Operator
P. O. Box 50880, Midland, TX 79710-0880

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 checked="" 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.

- 07/16/16 Drilled to 5599' (TD Intermediate). Ran 106 jts 9 5/8" 40# LTC csg + 30 jts 9 5/8" 40# P110 LTC csg. Set csg @ 5599'. DV tool @ 4276' & pkr set @ 4284'. Cmtd csg w/ 1st stage lead 200 sx 6% Gel + .45% O-TX20 + .25 pps CF + 5% Salt & 1st stage tail 200 sx 1/10% O-TX20. Displ w/ 415 bbls.
- 07/17/16 Depth 5599'. Cmtd csg w/ 2nd stage lead 2700 sx 6% Gel + 1/4% O-TX20 + 1/4 pps CF + 5% Salt & 2nd stage tail 200 sx 1/10% O-TX20. Displ w/ 320 bbls. WOC total 41 1/2 hrs. Circ 70 bbls cmt to surface.
- 07/18/16 Depth 5599'. Test csg to 800# f/ 30 min - good tst. Drill cmt, plug & DV tool f/ 4245-4284'. Test csg to 800# f/ 30 min - good test.
- 07/19/16 Drilling @ 6853'.

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 T. Passmore TITLE Operations Manager DATE 07/21/16

Type or print name Todd Passmore E-mail address: tpassmore@mar-win.com PHONE: 432-684-6373

APPROVED BY: [Signature] TITLE _____ DATE 08/02/16

Conditions of Approval (if any): _____

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MS