

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 OGD**  
**OCT 11 2016**  
**RECEIVED**

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

WELL API NO. <b>30-025-43349</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>39017</b>
7. Lease Name or Unit Agreement Name <b>Lennox 33 State</b>
8. Well Number <b>6H</b>
9. OGRID Number <b>249099</b>
10. Pool name or Wildcat <b>Rock Lake, Delaware (97663)</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3,526' GR</b>

**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  
**Caza Operating, LLC**

3. Address of Operator  
**200 N. Loraine, Ste. 1550 Midland, Texas 79701**

4. Well Location  
Unit Letter **A** : **330'** feet from the **North** line and **200'** feet from the **East** line  
Section **32** Township **22S** Range **35E** NMPM County **Lea**

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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.

**10/01/2016 thru 10/03/2016 : Drill 17 1/2" surface hole to 2,115'. Circulate hole clean. POOH and RU and RIH with 52 Joints 13 3/8", J-55, 54.5# surface casing. RU cementers and pump 1,162 sx of lead cement 12.8 ppg. pump 552 sx of tail cement 14.8 ppg displace with 320 bbls fresh water. Bumped plug @ 650 psi & pressured up to 1130psi & held for 5 min's. Bleed psi back to truck and got 1.5 bbls back. Floats held. 200 bbls cement back to surface. WOC 24 hours. Test casing to 1,500 psi 30 mins, OK.**

Spud Date: **10-01-2016**

Rig Release Date: \_\_\_\_\_

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

SIGNATURE *A.B. Sam* TITLE V.P. Operations DATE 10/03/2016

Type or print name A.B. Sam E-mail address: tsam@cazapetro.com PHONE: 432-682-7424

**For State Use Only**  
APPROVED BY: *[Signature]* TITLE Petroleum Engineer DATE 10/12/16  
Conditions of Approval (if any): \_\_\_\_\_