

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 August 1, 2011

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

WELL API NO. 30-025-29192
5. Indicate Type of Lease STATE X FEE /
6. State Oil & Gas Lease No. E-754
7. Lease Name or Unit Agreement Name NORTH VACUUM ABO NORTH UNIT /
8. Well Number 003 INJ.
9. OGRID Number 277558
10. Pool name or Wildcat NORTH VACUUM ABO (61760)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4,045' - 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 INJECTION

2. Name of Operator  
LIME ROCK RESOURCES II-A, L.P. /

3. Address of Operator  
C/O MIKE PIPPIN LLC, 3104 N. SULLIVAN, FARMINGTON, NM 87401

4. Well Location  
 Unit Letter O : 460 feet from the SOUTH line and 1680 feet from the EAST line /  
 Section 02 Township 17S Range 34E NMPM LEA County

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

<p><b>NOTICE OF INTENT</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p><b>INT TO PA</b>  <b>P&amp;A NR</b> <u>Im. X</u>  <b>P&amp;A R</b> _____</p>	<p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>P AND A <input checked="" type="checkbox"/></p> <p>OTHER: WELL PLUGGED AND ABANDONED 01/20/17.</p>
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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.

- 01/12-14/17: DRILL OUT CMT. + 4-1/2" CIBP @ 5,820' X CO TO 8,492'; CIRC. WELL.
- 01/16/17: SET 4-1/2" CIBP @ 8,490'; PRES. TEST CSG. TO 300# - HELD OK; PUMP 40 SXS. CMT. @ 8,490'-7,922'; PUMP 75 SXS. CMT. @ 6,195'; WOC.
- 01/17/17: TAG CMT. PLUG @ 5,190' (OK'D BY OCD); PUMP 145 SXS. CMT. @ 4,954'; WOC.
- 01/18/17: TAG CMT. @ 2,890' (OK'D BY OCD); PERF. SQZ. HOLES @ 1,850'; ATTEMPT TO EST. INJ. RATE - PRES. UP TO 1,500#; PUMP 25 SXS. CMT. @ 1,850' (PER OCD); WOC.
- 01/19/17: TAG CMT. @ 1,412' (OK'D BY OCD); PERF. X CIRC. TO SURF., FILLING ALL ANNULI, 100 SXS. CMT. @ 485'-3'.
- 01/20/17: DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; VERIFY CMT. TO SURF. ON ALL ANNULI; WELD ON STEEL PLATE TO CSGS. X INSTALL DRY HOLE MARKER.

Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms.

Spud Date: MIRU: 01/11/17 Rig Release Date:

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

SIGNATURE David A. Eyer TITLE: AGENT DATE: 01/20/17

Type or print name: DAVID A. EYLER E-mail address: DEYLER@MILAGRO-RES.COM PHONE: 432.687.3033

**For State Use Only**

APPROVED BY: Mah Whitaker TITLE P.E.S. DATE 01/25/2017

Conditions of Approval (if any): Restoration Due By 01/18/2018 ✓