

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. 30-005-60809
5. Indicate Type of Lease STATE FEE X ✓
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Twin Lakes San Andres Unit ✓
8. Well Number 076 ✓
9. OGRID Number 300825
10. Pool name or Wildcat Twin Lakes; San Andres (Assoc)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3971

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
State of New Mexico formerly Blue Sky NM, Inc. ✓

3. Address of Operator
811 South 1st Street, Artesia, NM 88210

4. Well Location
Unit Letter I: 2310 feet from the South line and 990 feet from the East line ✓
 Section 1 Township 9S Range 28E NMPM Chaves County

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

<p>NOTICE OF INT</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: _____</p>	<p>INT TO PA</p> <p>P&A NR <u>PM</u> X</p> <p>P&A R _____</p>	<p>SUBSEQUENT REPORT OF:</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 XX</p> <p>OTHER: <input type="checkbox"/></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.

SEE ATTACHED

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

SIGNATURE _____ TITLE _____ DATE _____

Type or print name _____ E-mail address: _____ PHONE: _____

For State Use Only

APPROVED BY: Mark Whitaker TITLE P.E.S. DATE 06/15/2017

Conditions of Approval (if any):

Plugging Report TLSAU #76

6/8/2017 Move in rig up and move equipment. No tubing in the well. Installed BOP and moved workstring to location. Made scrapper run and tagged up at 2421'. Called OCD. RIH with 4 ½" CIBP and set at 2421'. Circulated MLF and tested casing. Casing good to 650#. Spot 45 sx cement on top of CIBP and POOH with tubing. Perforated 4 ½" casing at 900'. Set packer at 570'. Established rate into perms but no communication with the surface annulus. Started pumping cement. Pumped 35 sx and broke circulation with the surface during displacement. Left shut in with packer in the hole. SION.

6/9/2017 RIH and tagged cement at 733'. Laid down tubing and perforated casing at 180'. Established circulation and pumped cement down 4 ½" casing to perms at 180' and up annulus to surface. Took 55 sx. Rigged down and cut off wellhead. Filled up with 10 sx and installed marker. Cleaned pit and cleared location.