

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

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| 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. 30-041-20968 ✓ |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> <u>Other INJ</u> ✓ | | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> ✓ |
| 2. Name of Operator ROCKCLIFF OPERATING NEW MEXICO LLC ✓ | | 6. State Oil & Gas Lease No. |
| 3. Address of Operator 1301 MCKINNEY; STE 1300; HOUSTON, TX 77010 ✓ | | 7. Lease Name or Unit Agreement Name KIZER SWD ✓ |
| 4. Well Location Unit Letter <u>P</u> ✓ : <u>270</u> ✓ feet from the <u>SOUTH</u> ✓ line and <u>235</u> ✓ feet from the <u>EAST</u> ✓ line Section <u>17</u> ✓ Township <u>8S</u> ✓ Range <u>34E</u> ✓ NMPM ROOSEVELT County ✓ | | 8. Well Number 1 ✓ |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | 9. OGRID Number 371115 ✓ |
| 10. Pool name or Wildcat ASWD; DEVONIAN-SILURIAN ✓ | | |

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

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|--|--|---|--|
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/> | | SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <u>MIT</u> ✓ <input checked="" 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.

PERFORM MIT 10/25/2017

~~HOBBS OCD~~

~~JAN 3 2013~~

~~RECEIVED~~

~~HOBBS OCD~~

~~JAN 1 2013~~

~~RECEIVED~~

~~HOBBS OCD~~

~~JAN 1 2013~~

~~RECEIVED~~

Spud Date: 10/05/16

Rig Release Date: _____

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

SIGNATURE Jamie A. Robinson TITLE SR. REG. ANALYST DATE 01/03/18
 Type or print name JAMIE A. ROBINSON E-mail address: JROBINSON@ROCKCLIFFENERGY.COM PHONE: 713-351-0534
For State Use Only

APPROVED BY: Jamie Robinson TITLE Compliance Officer DATE 1-3-18
 Conditions of Approval (if any): _____