

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

HOBBS OCD
 JAN 22 2018
 RECEIVED

WELL API NO. 30-025-37909
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 State A A/C 2
8. Well Number. 94
9. OGRID Number. 370767
10. Pool name or Wildcat Jalmat, Tan-Yates 7 Rvrs (pro Gas)

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-10) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
Blackbeard Operating, LLC

3. Address of Operator
201 W. Watt St. Ste. 900, Midland TX 79701

4. Well Location
 Unit Letter **L** : **1930** feet from the **South** line and **660** feet from the **West** line
 Sectional **8** Township **22S** Range **36E** NMPM. County **Lea**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3598' GL

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

NOTICE OF INTI PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		INT TO PA P&A NR <u>PM</u> P&A R	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <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.

12/21/17—MIRU, tag existing CIBP @ 3062' circ hole w/ MLF, cap BP w/ 25 sxs CTOC @ 2682'.

12/22/17—PUH to 1450' spot 60 sxs CTOC @ 555' Tag @ 480', perf @ 100' pump 25 sxs to surface verified RDMO.

Spud Date:

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.
 Restoration Due By 12-21-2018

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

SIGNATURE Chris Romero TITLE Agent DATE 1/08/18

Type or print name Chris Romero E-mail address: _____ PHONE: 432-563-3355

For State Use Only

APPROVED BY: Kerry Foster TITLE Compliance Officer DATE 1-22-18
 Conditions of Approval (if any): _____