

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 CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
MAR 19 2018

RECEIVED

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. 30-025-44112
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator IMPETRO OPERATING, LLC <i>Oil & Gas, LLC</i>		6. State Oil & Gas Lease No.
3. Address of Operator 300 E. SONTERRA BLVD., SUITE 1220 SAN ANTONIO, TX 78258		7. Lease Name or Unit Agreement Name WILDHOG BWX STATE COM
4. Well Location Unit Letter <u>A</u> : <u>250</u> feet from the <u>NORTH</u> line and <u>1020</u> feet from the <u>EAST</u> line Section <u>20</u> Township <u>26S</u> Range <u>36E</u> NMPM County <u>LEA</u>		8. Well Number <u>2H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2934' GR		9. OGRID Number <u>307600</u>
10. Pool name or Wildcat WC-025 G-09 S263619C;WOLFCAMP		

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

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 checked="" type="checkbox"/> OTHER: <input type="checkbox"/>	
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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.

01/16/2018 - MIRU drilling rig on Wildhog BWX State Com 2H Location
 01/21/2018 - Spud well
 Drill 17-1/2" hole to 1,849'. Run and cmt 13-3/8" csg w/ 1005 sks lead Premium Plus 65/35/6 and 415 sks tail Premium Plus. TOC @ surface
 01/26/2018 - Pressure test 13-3/8" csg to 1500# for 30 min. Held.
 Drill 12-1/2" hole to 5,325'. Run and cmt 10-3/4" csg w/ DV tool set @ 2,733'. 1st stg 200 sks lead Premium Plus 50/50 110 sks tail Premium Plus.
 2nd stg 250 sx lead Premium Plus 50/50, 90 sks tail Premium Plus. Temp survey showed TOC @ 2,600'. Run shot tool to 1,900'.
 Squeeze 225 sks Premium Plus 50/50. Cmt did not return to surface. Followed OCD recommendations (OCD rep Maxey Brown).
 02/06/2018 - Pressure test 10-3/4" csg to 1500# for 30 min. End pressure 800#. Squeeze 150 sks Premium Plus (OCD rep Maxey Brown)
 02/08/2018 - Pressure test 10-3/4" csg to 1500# for 30 min. Held.
 Drill 9-7/8" hole to 11,992'. Run and cmt 7-5/8" csg w/ 1055 sks lead Premium 50/50 and 80 sks tail Premium 50/50. TOC @ Surface (CALC).
 02/25/2018 - Pressure test 7-5/8" csg to 1500# for 30 min. Held.
 3-4-18 Drill 6-3/4" hole to 16,659'. Run and cmt 5-1/2" x 5" csg. Crossover @ 11,196'. Pump 960 sks Premium 50/50. TOC @ 7,500' (CALC).
 03/14/2018 - Pressure test 5-1/2" x 5" csg to 11500# for 30 min. Held
 03/08/2018 - Release drilling rig

Spud Date: 01/21/2018

Rig Release Date: 03/08/2018

*WHY NO TOC CALC &
 WHY NO TOC & CAL
 SEVERE CONDITION OF
 APPROVAL!*

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

SIGNATURE *Corey A Wood* TITLE Operations Engineer DATE 03/15/2018

Type or print name Corey Wood E-mail address: cwood@lilisenergy.com PHONE: 210-216-7620

For State Use Only

APPROVED BY: *[Signature]* TITLE _____ DATE 03/19/18
 Conditions of Approval (if any): _____