

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
 APR 09 2018
 RECEIVED

WELL API NO.	30-25-44288
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Libby Berry Fee SWD
8. Well Number	1
9. OGRID Number	372603
10. Pool name or Wildcat	SWD; Miss-Devonian
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3620 GL

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 SWD

2. Name of Operator
 3Bear Field Services, LLC

3. Address of Operator
 500 Don Gaspar, NE
 Santa Fe, NM 87505

4. Well Location
 Unit Letter H : 2510 feet from the North line and 710 feet from the East line
 Section 26 Township 20S Range 34E NMPM Lea County

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

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

Commenced drilling a 12.25" hole @ 2:00 am 4/2/18. The 12.25" hole was TDd at 5816' 10:00 am 4/5/18.

Run 140 jts 9 5/8" 40# P-110 casing equipped with float shoe, float collar, ECP and DV tool. Casing was landed at 5778' w/ ECP at 3962' and DV tool @ 3959'. Centralizers were spaced every 4rth joint. The casing was cemented in two stages.

First Stage from 3959' to 5778': 330 sx Lead and 200 sx tail cement, plug down 1:15 pm 4/6/18, the ECP was inflated and the DV opened. Circulate excess first stage cement to surface.

Second Stage from surface to 3959': 1040 sx Lead and 200 sx tail cement, 175 sx circulated to surface and plug down @ 11:53 pm 4/6/18.

Hang 9 5/8 casing in wellhead and cut off. NU 10,000 psi BOP and test 5000/250 OK. Commence drilling an 8 3/4" hole @ 3:00 am 4/8/18.

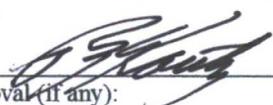
Spud Date: Rig Release Date:

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

SIGNATURE  TITLE Consultant DATE 4/9/18

Type or print name Phelps White E-mail address: pwiv@zianet.com PHONE: 575 626 7660

For State Use Only

APPROVED BY:  TITLE Petroleum Engineer DATE 04/11/18

Conditions of Approval (if any):