

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
 RECEIVED
 JUN 08 2018

<p style="text-align: center;">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.)</p> <p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD <input checked="" type="checkbox"/></p> <p>2. Name of Operator POGO OIL & GAS OPERATING, LLC</p> <p>3. Address of Operator 1515 CALLE SUR HOBBS, NM 88240</p> <p>4. Well Location Unit Letter <u>M</u> : <u>1087</u> feet from the <u>South</u> line and <u>216</u> feet from the <u>West</u> line Section <u>25</u> Township <u>13S</u> Range <u>37E</u> NMPM LEA County</p>	<p>WELL API NO. 30-025-40668</p> <p>5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/></p> <p>6. State Oil & Gas Lease No.</p> <p>7. Lease Name or Unit Agreement Name Lowe 25 SWD</p> <p>8. Well Number <u>2</u></p> <p>9. OGRID Number 372000</p> <p>10. Pool name or Wildcat SWD; Wolfcamp</p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3856'</p>
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

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

04/10/18 NMOCD NOTIFIED, WITNESSED BY GARY ROBINSON. RAN MECHANICAL INTEGRITY TEST PLEASE SEE ATTACHED CHART.

Spud Date:

Rig Release Date:

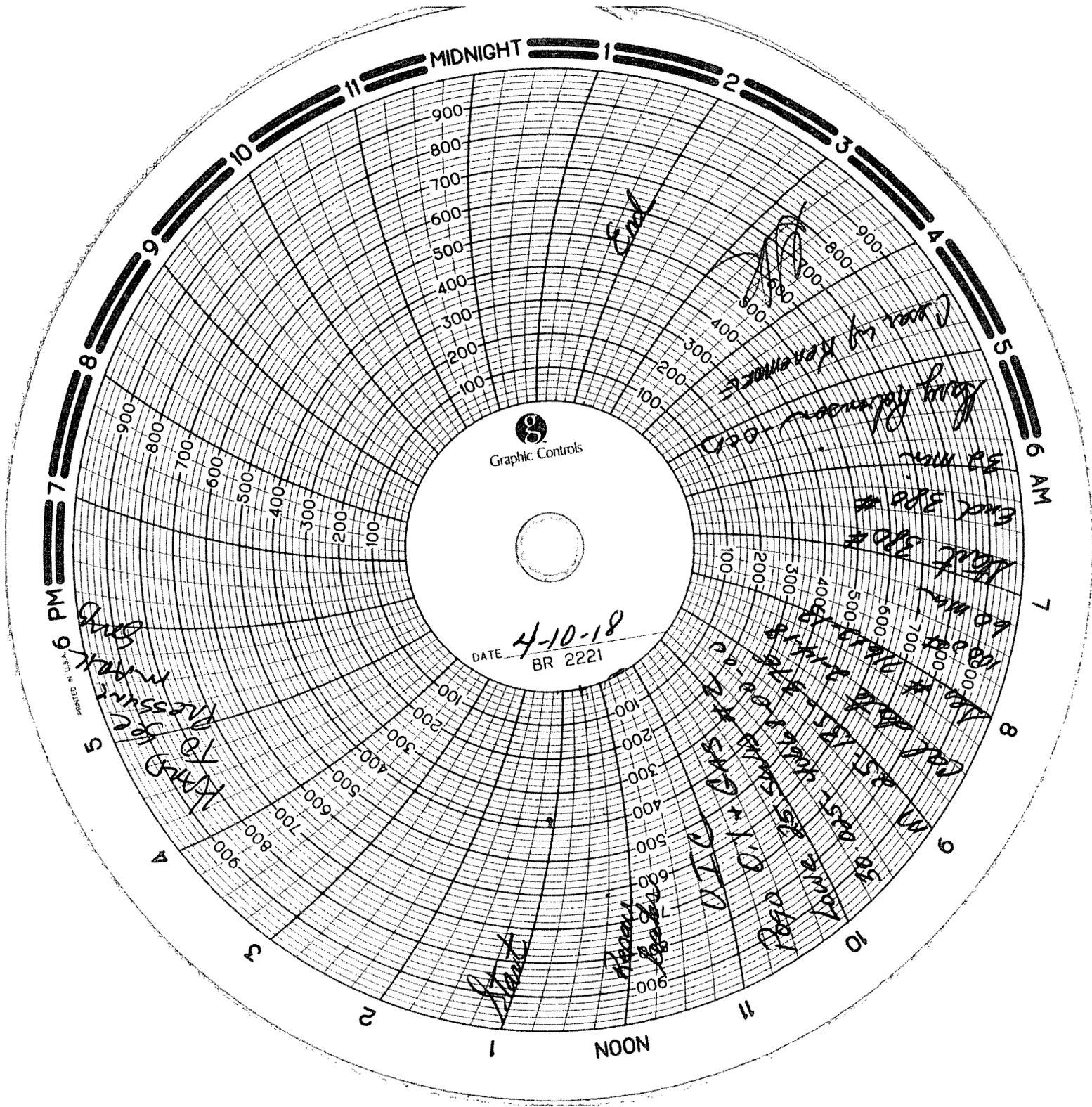
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Theresa McCracken TITLE Field Admin DATE 6/8/18

Type or print name Theresa McCracken E-mail address: theresa@pogoresources.com PHONE: (575)397-0267

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer Supervisor DATE 6/17/18
 Conditions of Approval (if any):



Graphic Controls

DATE 4-10-18
BR 2221

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