

Submit 3 Copies to Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-38482
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 Osudo 29 State
8. Well Number 002
9. OGRID Number 20165
10. Pool name or Wildcat Osudo Morrow North (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-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator
Samson Resources Company

3. Address of Operator
Two West Second St. Tulsa, Ok 74103

4. Well Location
Unit Letter H : 1500 feet from the North line and 1100 feet from the East line
Section 29 Township 20 South Range 36 East NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3619'

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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 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"/>	
OTHER: _____	Spud Well <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

9/16/2007 Cmt 7" 26# P-110 LTC Csg w/ float shoe @ 10800' and DV Tool @ 8856'. Cmt 1st stage w/ 110 sxs Premium Plus Interfill w/ 2% CFR3 + 0.1% HR7. 3# phenoseal @ 11.5 PPG and 270 sxs Premium Plus w/ 0.4% HaladR322 @ 15.6 PPG Displace w/ 10# Brine & FW. Cmt 2nd stage 400 sxs Premium Plus Interfill @ 11.5 PPG and 100 sxs Premium Plus @ 15.6 PPG.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Brennan Short TITLE Drilling Engineer DATE 5/21/2007

Type or print name
For State Use Only

E-mail address:

Telephone No.

APPROVED BY: Larry W. Wink
Conditions of Approval (if any)

OCD FIELD REPRESENTATIVE W/STAFF MANAGER SEP 20 2007
TITLE _____ DATE _____