

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. 30-025-37736
5. Indicate Type of Lease STATE <input type="checkbox"/> N/A FEE <input checked="" type="checkbox"/> <i>Federal</i>
6. State Oil & Gas Lease No. (N/A) NMNM 99058
7. Lease Name or Unit Agreement Name Natalie Federal
8. Well Number 1
9. OGRID Number 021602
10. Pool name or Wildcat Hobbs East San Andres

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
Trilogy Operating, Inc.

3. Address of Operator
P.O. Box 7606 Midland, TX 79708

4. Well Location
Unit Letter K : 2428 feet from the South line and 2230 feet from the West line
Section 7 Township 19-S Range 39-E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
GR 3589'

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:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: Shut well in to re-evaluate ☒

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.

3/29/08 - Shut well in to re-evaluate.

RECEIVED

APR 09 2008

HOBBS OCD

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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Michael G. Mooney TITLE President DATE 04/02/08

Type or print name Michael G. Mooney E-mail address mike@trilogyoperating.com Telephone No. (432)686-2027

For State Use Only

OCD DISTRICT SUPERVISOR/GENERAL MANAGER

APPROVED BY: Chris Williams TITLE _____ DATE APR 25 2008

Conditions of Approval (if any):