| Subreat 3 Copies To Appropriate District Office State of  | New Mexico                     | •                               | Form C-103         |
|---|--------------------------------|---------------------------------|--------------------|
|   | and Natural Resources          |                                 | June 19, 2008      |
| District I 1625 N. French Dr., Hobbs, NM 8825 CE V District II  |                                | WELL API NO.                    |                    |
| District II 1301 W. Grand Ave, Artesia, NM 88240EB 1 9 20091220 South St. Francis Dr.   |                                | 30-025-38768                    |                    |
| 1220 South St. Hallels D1.  |                                | 5. Indicate Type of Lease STATE | FEE 🗌              |
| District IV HORRSOCD Santa Fe, NM 87505   |                                | 6. State Oil & Gas Lease 1      |                    |
| 1220 S. St Francis Dr , Santa Fe, NM<br>87505   |                                | o. State on the Gus Boase I     |                    |
| SUNDRY NOTICES AND REPORTS O  |                                | 7. Lease Name or Unit Ag        | greement Name      |
| (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.)   |                                | KF 4 State 48. Well Number      | /                  |
| 1. Type of Well: Oil Well Gas Well Other  |                                | 3 /                             |                    |
| 2. Name of Operator Samson Resources Company  |                                | 9. OGRID Number<br>20165        |                    |
| 3. Address of Operator  |                                | 10. Pool name or Wildcat        |                    |
| 200 West Second St, Tulsa, OK 74103   |                                | To Tool Marke of Wilder         |                    |
| 4. Well Location  |                                |                                 |                    |
| Unit LetterJ:3732 feet from the   |                                | 0 feet from theElin             | ne /               |
|   | ange 35E NMPN                  | <i>3</i>                        |                    |
| 11. Elevation (Show wi  | hether DR, RKB, RT, GR, etc.,  |                                 |                    |
|   | 3615 GR                        |                                 |                    |
| 12. Check Appropriate Box to In   | dicate Nature of Notice,       | Report or Other Data            |                    |
|   |                                | •                               | 05.                |
| NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   |                                |                                 |                    |
| TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A   |                                |                                 |                    |
| PULL OR ALTER CASING   MULTIPLE COMPL   | ☐ CASING/CEMEN                 | <del></del>                     |                    |
| DOWNHOLE COMMINGLE  |                                |                                 |                    |
| OTHER.  | □ OTHER:                       |                                 |                    |
| OTHER:  13. Describe proposed or completed operations. (Clearly   |                                | d give pertinent dates, includ  | ing estimated date |
| of starting any proposed work). SEE RULE 1103. F  |                                |                                 |                    |
| or recompletion.  |                                |                                 |                    |
|   |                                |                                 |                    |
| Tested both Morrow and Wolfcamp zones, neither zone was p   | oroductive, therefore, we requ | est the approval to temporari   | ly abandon this    |
| well. Pressure tested casing to 500 psi for 30 minutes. Chart a   |                                |                                 |                    |
|   |                                |                                 |                    |
|   |                                |                                 | ,                  |
|   | Condition of Appro             | oval: Notify OCD Hopps          |                    |
| office 24 hours prior to running MIT Test & Chart   |                                |                                 |                    |
|   |                                | _                               | ,                  |
|   |                                |                                 |                    |
|   |                                |                                 |                    |
|   |                                |                                 |                    |
|   |                                |                                 |                    |
|   |                                |                                 |                    |
|   | -                              |                                 |                    |
| I hereby certify that the information above is true and complet   | te to the best of my knowledge | e and belief.                   |                    |
|   |                                |                                 |                    |
| SIGNATURE Many Masses TITI  | LE <u>District Engineer</u>    | DATE_ <b>01/0</b> 9             | <u> </u>           |
|   |                                | DYLOND 400                      | (02.70(2           |
| Type or print name Kenny Krawietz E-mail address  | ss: <u>kkrawietz@samson.co</u> | om PHONE: <u>432</u> -          | -083-7003          |
| For State Use Only  | DICTDICT 4 QI IDI              | EDVIGOE F                       | EDAAROO            |
| APPROVED BY: Camp ( TITL  | E DISTRICT 1 SUPI              | ERVISOR DATE F                  | EB 2 0 200         |
| Conditions of Approval (if any):  |                                |                                 |                    |

