Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Office Revised March 25, 1999 Energy, Minerals and Natural Resources DISTRICT I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 30-025-27984 OIL CONSERVATION DIVISION DISTRICT II 811 South First, Artesia NM 88210 5. Indicate Type of Lease 2040 South Pacheco DISTRICT III FEE X STATE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV 2040 S. Pacheco, Santa Fe, NM 87505 7. Lease Name or Unit Agreement Name: 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) Post Oil Well Gas Well Other TA8. Well No. 2. Name of Operator Lindenmuth & Associates, Inc. 9. Pool name or Wildcat Address of Operator King Wolfcamp 510 Hearn Street, Suite 200, Austin, Texas 78703 4. Well Location West 990 feet from the South line and 1650 feet from the Unit letter **NMPM** County Range 37E Township 14S Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REMEDIAL WORK ALTERING CASING PLUG AND ABANDON PERFORM REMEDIAL WORK ||X|| ☐ PLUG AND **CHANGE PLANS** COMMENCE DRILLING OPNS. TEMPORARILY ABANDON **ABANDONMENT** CASING TEST AND CEMENT JOB **MULTIPLE** PULL OR ALTER CASING П COMPLETION OTHER: OTHER: 12. 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 recompilation. Per conversation with Gary Wink on 6/20/2000, Lindenmuth is currently planning a Middle Wolfcamp test in the Barnhill #1. If successful, a similar test will be conducted in the Post #1. If unsuccessful, a CIBP will be set @ 9350' in the Post #1 (50' above top perf) and the well will be tested to 500 psi and temporarily abandoned. These operations will be completed within 90 days. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Operations Manager DATE 6/23/00 SIGNATURE Telephone No. 512-322-9779 Gordon H. Deen Type or print name (This space for State use)

APPROVED BY

Conditions of approval, if any:

