| Submit 3 Copies To Appropriate District   | State of                               | New M        | exico                     |                                | Form                      | C 102             |
|---|--|--------------|---------------------------|--------------------------------|---------------------------|-------------------|
| Office<br><u>District I</u><br>1625 N. French Dr., Hobbs, NM 88240  | Energy, Minerals and Natural Resources |              |                           | WELL API NO                    | Form (<br>Revised March 2 |                   |
| District II   | rict II                                |              |                           |                                | ).<br>458                 |                   |
| 1301 W. Grand Ave., Artesia, NM 88210<br>District III   | 1220 South St. Francis Dr.             |              |                           | 5. Indicate Ty                 | pe of Lease               |                   |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV   | Santa Fe, NM 87505                     |              |                           | STATE FEE X                    |                           |                   |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |  |              |                           | 6. State Oil &                 | & Gas Lease No.           |                   |
| SUNDRY NOTIC  | CES AND REPORTS OF                     | N WELL       | S                         | 7. Lease Name                  | e or Unit Agreement 1     | Jame.             |
| (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 |  |              |                           |                                |                           | turne.            |
| PROPOSALS.)  1. Type of Well:   | · · · · · · · · · · · · · · · · · · ·  |              |                           | Cooper                         | Tal mai                   | 1                 |
| Oil Well Gas Well Other   |  |              |                           | Cooper                         | Jal Unit                  |                   |
| 2. Name of Operator   |  |              |                           | 8. Well No.                    |                           |                   |
| SDG Resources 3. Address of Operator  |  |              |                           |                                | 420                       |                   |
| 1008 W Broadway, Hobbs NM 88240   |  |              |                           | 9. Pool name or Wildcat Jalmat |                           |                   |
| 4. Well Location  |  |              |                           | Jan                            | nat                       |                   |
| Unit Letter G:  | 2310 feet from the                     | North        | line and                  | 2210                           | Sa. =                     |                   |
|   |  |              |                           | 2310 feet f                    | from the <u>East</u>      | line              |
| Section 24  | Township                               | 24S R        | ange 36E                  | NMPM                           | County Lea                |                   |
|   | 10. Elevation (Show was 3313 GL        | vhether D    | R, RKB, RT, GR, etc       | :.)                            |                           |                   |
| 11. Check A   | ppropriate Box to In                   | dicate N     | lature of Notice          | Report or Othe                 | er Data                   |                   |
| NOTICE OF INT   | ENTION 10:                             |              | SUB                       | SEQUENT R                      |                           |                   |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON                       |              | REMEDIAL WORK             | <                              | ALTERING CASIN            | IG 🗍              |
| TEMPORARILY ABANDON   | TEMPORARILY ABANDON                    |              |                           |                                | PLUG AND                  | _                 |
| PULL OR ALTER CASING  | MULTIPLE                               | _            |                           | <del></del>                    | ABANDONMENT               |                   |
|   | COMPLETION                             |              | CASING TEST AN CEMENT JOB | 1D 🗀                           |                           |                   |
| OTHER:  |  |              | OTHER:                    |                                |                           | <u></u>           |
| 12. Describe proposed or completed starting any proposed work). SEI   | operations. (Clearly stat              | te all perti | nont dotaile and i        | e pertinent dates              | including estimated       | data of           |
| starting any proposed work). SEI recompilation.   | ERULE 1103. For Mult                   | iple Com     | pletions: Attach we       | llbore diagram of              | proposed completion       | or                |
| 1   |  |              |                           |                                |                           |                   |
| Clean out to 3750. Perf   | SR & Qu interval                       | ls & Ac      | idize & Frac              | perfs Return                   | to prod.                  |                   |
|   |  |              |                           |                                |                           |                   |
|   |  |              |                           |                                |                           |                   |
|   |  |              |                           |                                |                           |                   |
|   |  |              |                           |                                |                           |                   |
|   |  |              |                           |                                |                           |                   |
|   |  |              |                           |                                | Daniel Branch             |                   |
|   |  |              |                           |                                |                           |                   |
|   |  |              |                           |                                |                           |                   |
|   |  |              |                           |                                |                           |                   |
| I hereby certify that the information ab  | ove is true and complete               | to the be    | st of my knowledge        | and belief                     |                           |                   |
|   | x 1)                                   | ITLE         | Agent                     |                                | DATE 09/24/0              | /<br>0 <b>2</b> ] |
| Type or print name Gaye Hear  |  | <del></del>  |                           | T-11                           | hone No. 505/393-         |                   |
| (This space for State use)ORIGINAL SI   | GNED BY                                |              |                           | 1 elep                         | none No.                  |                   |
| GARY W. W. APPPROVED BY OC FIELD RE   | INK<br>PRESENTATIVE II/STAF            | H ILV        | ART                       |                                | DATE SEP 2                | 7 200             |
| Conditions of approval, if any:   | ALTERIA                                | ILEMANA      | NOEX                      |                                | DATE OL! &                | <u>.</u>          |
|   |  |              |                           |                                |                           |                   |