

**Idaho Department of Land**  
**SUNDRY NOTICES AND REPORTS ON WELLS**


|  |   |  |
|--|---|--|
| 1. Type of Well<br><input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other |   | 5. Well Permit Number<br>11-075-20025              |
| 2. Name of Operator<br>Alta Mesa Services, LP  |   | 6. If Indian, Allottee or Tribe Name<br>N/A        |
| 3a. Address<br>15021 Katy Freeway, Suite 400, Houston, TX 77094  | 3b. Phone No. (include area code)<br>281-530-0991 | 7. If Unit or CA/Agreement, Name and/or No.<br>N/A |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>Section 11 Township 8N Range 4W                        |   | 8. Well Name and No.<br>ML Investments 1-11        |
|  |   | 9. API Well No.<br>11-075-20025                    |
|  |   | 10. Field and Pool, or Exploratory Area<br>Willow  |
|  |   | 11. County or Parrish, State<br>Payette, Idaho     |

CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION                                   | TYPE OF ACTION                                |  |  |  |
|--|---|--|--|--|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Acidize              | <input type="checkbox"/> New Construction          | <input type="checkbox"/> Stimulation Treat                       |  |
| <input type="checkbox"/> Subsequent Report           | <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Plug and Abandon          | <input type="checkbox"/> Temporarily Abandon                     |  |
| <input type="checkbox"/> Final Abandonment Notice    | <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> Plug Back                 | <input type="checkbox"/> Water Disposal                          |  |
|  | <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off                          |  |
|  | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity                          |  |
|  | <input type="checkbox"/> Deepen               | <input type="checkbox"/> Recomplete                | <input checked="" type="checkbox"/> Other <u>Dual Completion</u> |  |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones, attach the Bond under which the work will be performed or provide the Bond No. on file with IDL. Required subsequent reports shall be filed within 30 days following completion of the involved operations. Final Abandonment Notices shall be filed only after operations. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

**We will pump 8 cubic yards of cement from surface down to below the surface pipe and shut in the backside of the production casing. This will enable us to have a full column of cement from surface to bottom of surface pipe. We propose to then perform a dual completion by swabbing down to 1000' and perforating; flow test the well; set a packer with burst discs to isolate the bottom of the zone; perforate and flow test the upper zone; kill well; run long string with dual packer; sting into bottom packer; and set upper dual packer; run short string and tie into dual packer; swab well in and test.**

|  |                          |
|--|--------------------------|
| 14. I hereby certify that the foregoing is true and correct                                      |                          |
| Name (Printed/Typed)<br>Dale R. Hayes  | Title<br>VP - Operations |
| Signature<br> | Date<br>9/19/2014        |

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

|             |        |
|-------------|--------|
| Approved by | Date   |
| Title       | Office |

\*Conditions of approval, if any are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.