

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONSERVATION

ARTESIA DISTRICT

FEB 23 2015

OCD-ARTESIA

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**SUNDRY NOTICES AND REPORTS ON WELLS**
Do not use this form for proposals to drill or to re-enter an
abandoned well. Use form 3160-3 (APD) for such proposals.5. Lease Serial No.
NMNM16814

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.
MCKENNA FEDERAL 0029. API Well No.
30-015-2022210. Field and Pool, or Exploratory
96100 S.W.D.; DELAWARE11. County or Parish, and State
EDDY COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other: INJECTION

2. Name of Operator

MEMORIAL RESOURCES DEVELOPMENT

Contact: HEATHER DOLPHIN

Email: heather.dolphin@memorialrd.com

3a. Address

500 DALLAS STREET SUITE 1800
HOUSTON, TX 77002

3b. Phone No. (include area code)

Ph: 832-797-1334

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 18 T26S R30E Mer NMP
32.036057 N Lat, 103.928170 W Lon

12. 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"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input checked="" type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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 recompleat 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 BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. 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.)

The #002 well is a SWD, the annual MIT failed due to fluid leaking out of the casing valve. We are currently on location with a rig ready to start work asap.

Replace casing with same grade as run from +/- 200' to surface, see detailed procedure below:

1. RIH and set RBP @ +/- 500'. Dump 1 sack of sand on RBP.
2. RU Wireline and RIH w/string shot. Attempt to shot at 4-5 jts from surface (160-200').
3. Back-off 4th or 5th jt of csg and POOH. Visually examine csg (interior & exterior) to determine if casing has been backed off at adequate depth.
4. PU and RIH w/4-5 jts 4.5? 9.5#, J-55 (new or yellow band) casing. Tie into old casing with new casing.
5. PT to 500#. RIH and retrieve RBP.

Test csg from just above perts and isolate all leaks before replacing csg at surface. Limit injection pressure to 665 psig at wellhead.

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #291369 verified by the BLM Well Information System
For MEMORIAL RESOURCES DEVELOPMENT, sent to the Carlsbad
Committed to AFMSS for processing by PAUL SWARTZ on 02/12/2015 ()

Name (Printed/Typed) HEATHER DOLPHIN

Title SENIOR REGULATORY SPECIALIST

Signature (Electronic Submission)

Date 02/11/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

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.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any Department or Agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **

Additional data for EC transaction #291369 that would not fit on the form

32. Additional remarks, continued

6. PU and RIH w/4-1/2" RBP & PKR on WS. Set RBP @ +/- 3300". PUH and set PKR. PT RBP to 1000#. PT BS to 500#.

7. If leak-off, isolate leaks. If pressure holds, POOH with PKR & RBP and proceed with CO & AC STM operations.