

Submit 1 Copy To Appropriate District Office
District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88249
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

NEW MEXICO OIL CONSERVATION

ARTESIAN OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

RECEIVED

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.)		WELL API NO. 30-015-31844
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> SWD		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Owl SWD Operating, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 8214 Westchester Dr., Ste.850, Dallas, TX 75225		7. Lease Name or Unit Agreement Name True Grit 9 SWD
4. Well Location Unit Letter <u>K</u> : <u>1650</u> feet from the <u>North</u> line and <u>1780</u> feet from the <u>West</u> line Section <u>9</u> Township <u>22-S</u> Range <u>25-E</u> NMPM County <u>Eddy</u>		8. Well Number 001
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3584' G.R.		9. OGRID Number 308339
		10. Pool name or Wildcat SWD; Cisco

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☒ SWD Configuration

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

THIS IS A REVISED REPORT PER SANTA FE OFFICE – UPDATED TO REFLECT DATES OF ACTIVITY & ADDITIONAL INFORMATION (Originally filed 3/09/16) Well configured for SWD per SWD-1502 dated 10/08/14.

12/08-11/15 – MIRU pulling unit. Held safety mtg. Blew down; POOH w/ 176 jts 2-3/8" tbg. Run bit & scraper; run gauge ring & junk bskt; clean out and circulate hole.

12/12/15 – Held safety mtg; Installed CIBP @ 8825' with 35" cement cap. Perforated injection zone 8308'-8760'; run wireline nickel-plated Permapac packer @ 8210'; RIH w/ 70 jts 3-1/2" IPC injection tubing; shut down due to high winds.

12/13/15 – Held safety met; finish RIH w/ 188 jts 3-1/2" IPC injection tubing.

Circ. 170 bbls PKR fluid (2% KCL w/ corr. Inhb/biocide) Latch into PKR w/ tbg. Test wellhead to 3000 psi – OK.

12/14/15 – Held safety mtg; pressure test casing to 500 psi for 30 mins. – OK.

12/15/15 – Held safety met; Treated perms w/3200 gals 15% NEFE HCL acid. Performed step rate injection test down injection tbg: Step 1- 12 bpm @ 107 psi; Step 2-14 bpm @ 827 psi; Step 3 - 15.5 bpm (22,320 bpd) @ 1166 psi. (MASP 1658 psi). Performed MIT on 3- 1/2" annulus on 12/14/15— 550 psi for 30 minutes. (Pressure chart is attached.) OK - no drop-off. (NMOC notified 24 hrs prior on 12/13/15 but did not witness. Note: MIT was repeated on 1/29/16 and approved by R. Inge.)

All completion work finished on 12/14/15 & well was turned over to OPS group for injection hook-up to begin injection.

Spud Date: [W/O Rig Up] 12/08/15

Rig Release Date: 12/15/15

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Agent/consultant DATE 6/22/2016

Type or print name _____ E-mail address: ben@sosconsulting.us PHONE: 903-488-9850

For State Use Only

APPROVED BY: [Signature] TITLE COMPLIANCE OFFICER DATE 6/29/16
Conditions of Approval (if any): _____