

Submit 1 Copy To Appropriate District

Office

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
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

OIL CONSERVATION DIVISION

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

Form C-103
Revised July 18, 2013

WELL API NO.
30-025-29542

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.
313888

7. Lease Name or Unit Agreement Name
Davis

8. Well Number 1

9. OGRID Number
370037

10. Pool name or Wildcat
Hobbs, Blinbry East

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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Trinity EOR, LLC

3. Address of Operator
401 W Wall Street Midland, Texas 79701

4. Well Location

Unit Letter O : 920 feet from the South line and 350 feet from the East line
Section 29 Township 18S Range 39E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,586 GR

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

REMEDIAL WORK
COMMENCE DRILLING OPNS INT TO P&A ☒
CASING/CEMENT JOB P&A NR
P&A R

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.

Operator has determined that the well's surface casing is parted.

Due to the parted surface casing, operator intends to plug and abandon the well per the attached proposed plug and abandon procedure.

After OCD approval to plug and abandon the well is obtained, operator will petition working interest owners for their participation in the plugging of the well.

Operator estimates starting the plug and abandon procedure 60 - 90 days after OCD approval is obtained.

NOTIFY OCD 24 HOURS PRIOR TO
BEGINNING PLUGGING OPERATIONS

Spud Date:

12/18/1985

Rig Release Date

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

SIGNATURE Bill Harryman TITLE Senior Engineering Technician DATE 06/02/2017

Type or print name William (Bill) Harryman E-mail address: bharryman@trinityco2.com PHONE: (432)253-7532

For State Use Only

APPROVED BY: Mark Whitaker TITLE Petroleum Engr. Specialist DATE 06/06/2017

Conditions of Approval (if any):

R DAVIS 1 PA WORKOVER GUIDELINE

6/1/2017

LEASE NAME & WELL NUMBER: R DAVIS #1

FIELD SUPERINTENDENT: Jerry Metcalf

CELL: 806-893-4042

PROJECT ENGINEER: Tim Brown

CELL: 432-934-7209

BACKUP-Dean Soderstrom

CELL: 432-634-8102

FIELD: East Hobbs (Blinebry)

COUNTY: Lea

WI: 47.953304%

NRI: 35.96496%

JOB DESCRIPTION: Plug and Abandon

COST ESTIMATE:

AFE NO.:

API NO.: 30-025-29542

KB: 3596 (10' AGL)

GL: 3586'

TD: 6448'

PBTD: 5727 (5/16/2017)

CASING PROGRAM:

Surface: 8-5/8" 24 ppf J55 @ 1871' w/860 sx circ.

Long string: 4-1/2" 9.5/10.5 ppf J55 @ 6448' w/ 1350 sx TOC 83' calc

PRODUCTION ZONE: Clearfork/Blinebry perms 6378-6420

WELL HAS BEEN A VERY LOW VOLUME PRODUCER 2 BOPD OR LESS.

WELLHEAD APPEARED TO DROP RECENTLY, EQUIPMENT WAS PULLED OUT OF THE HOLE, AND SURFACE CASING IS APPARENTLY PARTED VERY SHALLOW. IT IS NOT ECONOMIC TO REPAIR THIS WELL. IN ORDER TO PROTECT THE WELLBORE AND WATER TABLE WHILE OBTAINING NMOC AND WIO APPROVAL, A CEMENT PLUG WAS SPOTTED FROM 6351-5727' (AND TAGGED) ON 5/16/2017.

PLUG AND ABANDON PROCEDURE

1. PREP LOCATION FOR WORKOVER. IF NEEDED, TEST ANCHORS & REPLACE.
2. MI&RU PULLING UNIT. MI PIPE RACKS & WORKSTRING. MI&RU REVERSE UNIT & TANK.
3. PICK UP WORK STRING, RIH WITH NOTCHED COLLAR RE-TAG BOTTOM PLUG AT 5727'.
4. CIRCULATE HOLE WITH 9.5# PLUGGING MUD.
5. POOH TO 4450' AND SPOT SAN ANDRES PLUG 4450-4350'. TAG PLUG. (45 SX CMT)
- ~~6. POOH TO 3910' AND SPOT QUEEN PLUG 3910-3810'. TAG PLUG.~~
6. POOH TO 2980'. SPOT 25 SX CMT. WOC & TAG
7. POOH TO SPOT SHOE PLUG 1950-1850' 2000' SPOT 25 SX. WOC & TAG
8. SPOT SURFACE PLUG 350' TO SURFACE. TOP OFF CEMENT.
9. RIG DOWN AND MOVE OFF SERVICE UNIT.
10. CUT OFF CASING BELOW GROUND LEVEL, SET A CONCRETE ✓ VERIFY CEMENT TO SURFACE ALL STRINGS
MARKER PER NMOCD REQUIREMENTS (FORM C-103, ATTACHED).
11. PROCEED WITH SURFACE REMEDIATION PER FORM C-103 REQUIREMENTS. AFTER ALL WORK IS COMPLETE, SUBMIT THE FORM TO BILL HARRYMAN FOR SUBMISSION TO THE NMOCD DISTRICT OFFICE.

P&A Marker:
At least 4" in diameter & 4' above ground level
Include Operator, Lease, Well No.,
Unit letter, Section, Twp, Range, &
API Number

T. SALT 1950'
B. SALT 2930'

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Office
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Form C-103
Revised November 3, 2011

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. _____
1. Type of Well: <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator		6. State Oil & Gas Lease No. _____
3. Address of Operator		7. Lease Name or Unit Agreement Name _____
4. Well Location Unit Letter _____ : _____ feet from the _____ line and _____ feet from the _____ line Section _____ Township _____ Range _____ NMPM _____ County _____		8. Well Number _____
11. Elevation (Show whether DR, RKB, RT, GR, etc.) _____		9. OGRID Number _____
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>		<input checked="" type="checkbox"/> Location is ready for OCD inspection after P&A
<input type="checkbox"/> All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.		
<input type="checkbox"/> Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.		
<input type="checkbox"/> A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the		

OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. ALL INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.

- ☐ The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.
- ☐ Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.
- ☐ If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.
- ☐ All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)
- ☐ All other environmental concerns have been addressed as per OCD rules.
- ☐ Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.
- ☐ If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well location, except for utility's distribution infrastructure.

When all work has been completed, return this form to the appropriate District office to schedule an inspection.

SIGNATURE _____ TITLE _____ DATE _____

TYPE OR PRINT NAME _____ E-MAIL: _____ PHONE: _____
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

