

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

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-015-03990
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. NMNM02427
7. Lease Name or Unit Agreement Name West Square Lake Unit
8. Well Number 3
9. OGRID Number 372066
10. Pool name or Wildcat Square Lake/Graysburg-San Andres

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other INJECTION	
2. Name of Operator Seguro Oil and Gas, LLC	
3. Address of Operator PO Box 3176, Midland, TX 79702	
4. Well Location Unit Letter N : 660 feet from the South line and 1980 feet from the West line Section 34 Township 16S Range 30E NMPM County Eddy	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <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: Mechanical Integrity Test <input checked="" type="checkbox"/>	
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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.

Tested Backside to 500 PSI for 30 minutes, test good.

Name of Company for recorder: Double R Transportation

Recorder Type: Bristol

Recorder Serial# MFG-1877

Recorder Pressure Range: 0-1000#

Accuracy +/- 0.2%

Calibrated 08/11/2020

Mark Hope (Seguro's pumper) contacted Dan Smolik at the NMOCD in Artesia, District 2, and was informed that because of COVID they would not be coming out to witness the test.

Spud Date:

Rig Release Date:

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

SIGNATURE

Donna Sturdivant

TITLE **Regulatory Clerk**

DATE **02/19/2021**

Type or print name **Donna Sturdivant**

E-mail address: **donna@seguro-llc.com**

PHONE: **432-219-0740**

For State Use Only

APPROVED BY:

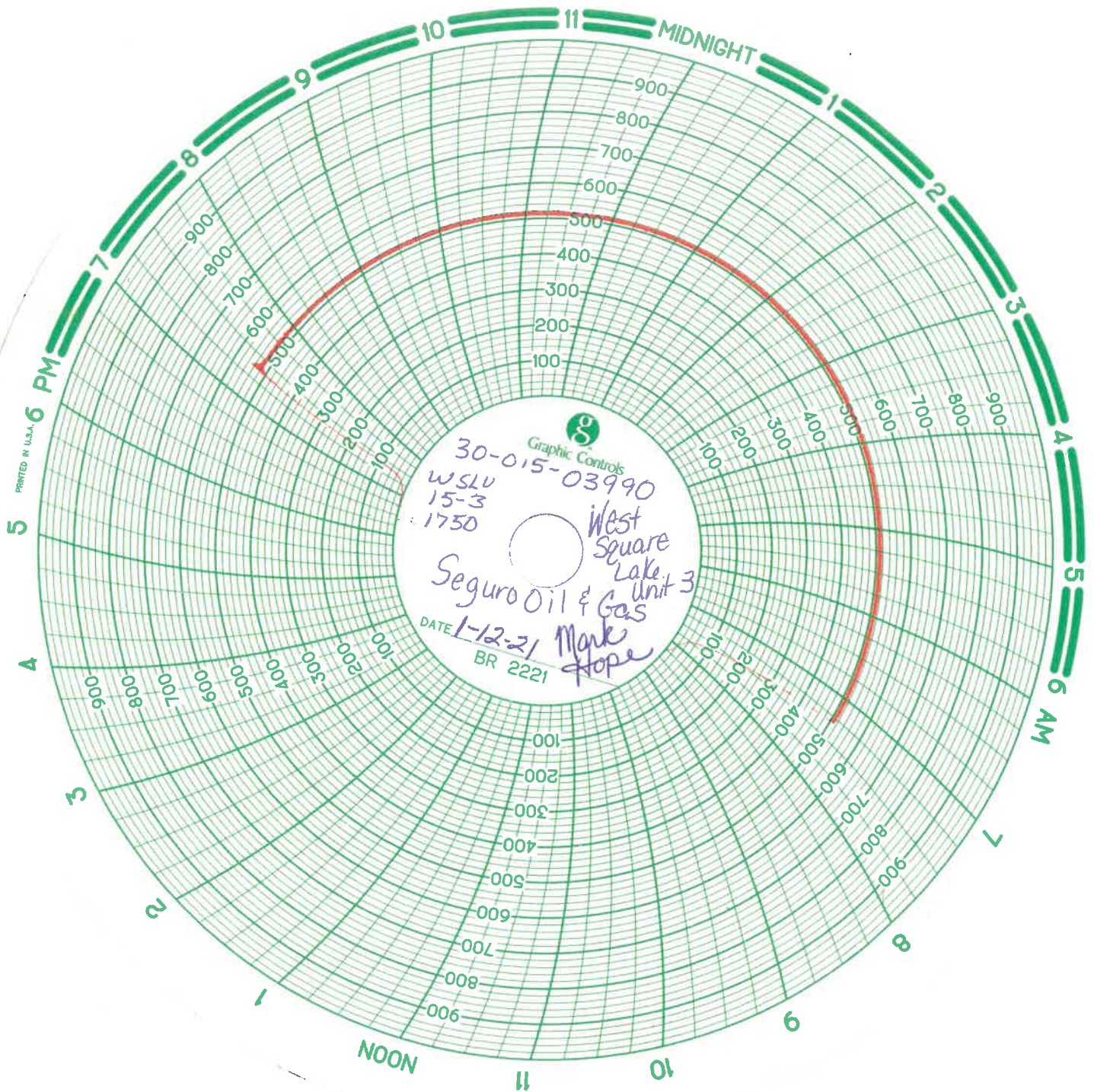
[Signature]

TITLE

Staff Manager

DATE **3/31/2021**

Conditions of Approval (if any):



AMI
Artesia Office
416 East Main Street
P.O. Box 1836
Artesia, New Mexico 88211
Office: (575) 746-3481
Toll Free: 1-888-421-9453
Calibration Certificate

Company Name: Double R TransportationRecorder Type: BristolRecorder Serial: #MFG-1877Recorder Pressure Range: 0-1000# Accuracy +/- 0.2% PSIG

Temperature Range: _____ Deg F.

Increasing Pressure			Decreasing Pressure		
Applied Pressure	Indicated Pressure	Error%	Applied Pressure	Indicated Pressure	Error%
0.0#	0.0#	0	800#	800#	0
100#	100#	0	600#	600#	0
300#	300#	0	400#	400#	0
500#	500#	0	200#	200#	0
700#	700#	0	0.0#	0.0#	0
1000#	1000#	0			

Temperature Test		
Applied Temperature	Indicated Temperature	Error%

Certified Calibration Instrument Used

Gauge: Crystal

Deadweight: _____

Remarks: _____

Calibration Date: DP-11-2020Technician: [Signature]

Joel Torres

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State of New Mexico
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Santa Fe, NM 87505

CONDITIONS

Action 21896

CONDITIONS OF APPROVAL

Operator:	OGRID:	Action Number:	Action Type:
SEGURO OIL AND GAS, LLC P.O. Box 3176 Midland, TX79702	372066	21896	C-103Z

OCD Reviewer	Condition
gcordero	None