| Energy, Minerals and Natural Resources   Substitution   Property   | Reveived by OCDprb/6/2023ulc44:22  | <b>PM</b> State of New          | Mexico                    | Form Pull of                                       |
|--|--|---------------------------------|---------------------------|--|
| 1625 N. French Dr., 169bbs, NM 88240   DILCONSERVATION DIVISION   SILS Francis Dr.   SUNDER CONSERVATION DIVISION   1220 South St. Francis Dr.   STATE   | Office District I = (575) 393-6161   | Energy, Minerals and N          | latural Resources         | Revised July 18, 2013                              |
| SILS First St. Antesia, NM 8310 DEBASE III. 1220 South St. Francis Dr. DEBASE III. 1231 STATE ST. FEE ST. DEBASE III. 1220 South St. Francis Dr. DEBASE III. 1220 South St. Francis Dr. DEBASE III. 1231 ST. DEBASE III. 1331 ST. DEBASE III. 1331 ST. DEBASE III. 1331 ST. DEBASE III. 13331 ST. DEBASE II | 1625 N. French Dr., Hobbs, NM 88240  |                                 |                           |  |
| 120 South St. Francis Dr.   STATE   FEE  |  | OIL CONSERVATION                | ON DIVISION               |  |
| Salita Per 1903 147-3400   Salita Per 1903 147   | District III - (505) 334-6178  | 1220 South St. I                | Francis Dr.               |  |
| 1220 S. B. Frameis Dr., Sauta Fe, NM   E - 7668   S1959   SUNDRY NOTICES AND REPORTS ON WELLS  |  | Santa Fe, NM                    | 1 87505                   |  |
| SUNDRY NOTICES AND REPORTS ON WELLS  OD NOT USE THIS PORM POR PROPOSALS TO PAIL OR TO DEEP ROPE OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) POR SUCH PROPOSALS.)  1. Type of Well: Oil Well   Gas Well   Other Water Injection   8. Well Number   4   9. OGRID Number   019958    Stephens & Johnson Operating Co.  3. Address of Operator   10. Pool name or Wildcat   Millman-Yates-SR-QN-GB-SA East    4. Well Location   13   Township   19S   Range   28E   NMPM   County   Eddy    11. Elevation (Show whether DR, RKB, RT, GR, etc.)   SUBSEQUENT REPORT OF    PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   COMMENCE PRILLING OPPNS   PAND A   CASING/CEMENT JOB   CASING/CEMENT JOB   PAND A   CASING/CEMENT JOB   CASING/CEMENT JOB | 1220 S. St. Francis Dr., Santa Fe, NM  |                                 |                           | E – 7668   |
| CDONOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DEFERENCY IN USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well: Oil Well   Gas Well   Other Water Injection   8. Well Number   4   9. OGRID Number   019958   |  | ES AND REPORTS ON WE            | LLS                       |  |
| 1. Type of Well: Oil Well  | (DO NOT USE THIS FORM FOR PROPOSA<br>DIFFERENT RESERVOIR. USE "APPLICA   | LS TO DRILL OR TO DEEPEN OF     | R PLUG BACK TO A          | East Millman Pool Unit Tract 7                     |
| 2. Name of Operator P O Box 2249, Wichita Falls, TX 76307-2249  4. Well Location Unit Letter L : 2310 feet from the South line and 660 feet from the West line Section 13 Township 198 Range 28E 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 ☑ PLUG AND ABANDON ☐ CHANG PLUG PUL OR ALTER CASING ☐ MULTIPLE COMPL ☐ COMMENCE ORILLING OPNS ☐ PAND A  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.  See Attachment  Rig Release Date:    NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☑ PLAND ☐ CHANG PLA  |  | Gas Well Other Water I          | njection                  |  |
| 3. Address of Operator PO Box 2249, Wichita Falls, TX 76307-2249  4. Well Location Unit Letter L : 2310 feet from the South line and 660 feet from the Mest line Section 13 Township 19S Range 28E 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   PLUG AND ABANDON   CHANGE PLANS   MULTIPLE COMPL   CASING OTHER.  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   ALTERING CASING   ALTERING CASING   CASING/CEMENT JOB   PAND A   CASING/CEMENT JOB    12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   ALTERING CASING   ALTERING CASING   CASING/CEMENT JOB   PAND A   TASING/CEMENT JOB   PAND A   TASING/CEMENT JOB   PAND A   TASING/CEMENT JOB   PAND A   TASING/CEMENT JO | 2. Name of Operator  | on anoting Co                   |                           | 9. OGRID Number 019958                             |
| 4. Well Location Unit Letter L : 2310   feet from the South   Section   13   Township   19S   Range   28E   NMPM   County   Eddy   |  | perating Co.                    |                           | 10. Pool name or Wildcat                           |
| Unit Letter L : 2310 feet from the South line and 660 feet from the West line Section 13 Township 19S Range 28E 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 ☑ PLUG AND ABANDON ☐ CHANGE PLANS ☐ CASING/CEMENT JOB ☐ CASING/CEMENT JOB ☐ CHOMMENCE COMMINGLE ☐ CHOMMENCE DRILLING OPNS ☐ P AND A ☐ CHOMMENCE OF SYSTEM ☐ OTHER:  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.  See Attachment  Rig Release Date:  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE ☑ ☑ ☑ ☐ TITLE Petroleum Engineer DATE 1.5-23  Type or print name William M. Kincaid E-mail address: mkincaid@sjoc.net PHONE 940-723-2166  For State Use Only  APPROVED BY:   |  | ta Falls, TX 76307-2249         |                           | Millman-Yates-SR-QN-GB-SA East                     |
| Section 13 Township 19S Range 28E 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 ☐ PLUG AND ABANDON ☐ CHANGE PLANS ☐ DOWNHOLE COMMINGLE ☐ CLOSED-LOOP SYSTEM ☐ OTHER:  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.  See Attachment  Rig Release Date:  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE William M. Kincaid E-mail address: _mkincaid@sjoc.net PHONE: _ 940-723-2166  For State Use Only  APPROVED BY:  | 4. Well Location   |                                 |                           | O C I V  |
| 11. Elevation (Show whether DR. RKB, RT, GR. etc.) 3383' DF  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK  PLUG AND ABANDON  ALTERING CASING  ALTER  |  |                                 |                           |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WORK ☑ PLUG AND ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS ☐ P AND A ☐ CASING/CEMENT JOB ☐ CASING/CEMENT JOB ☐ OTHER:  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.  See Attachment  Spud Date: Rig Release Date:  Title Petroleum Engineer DATE 1-5-23  Type or print name William M. Kincaid E-mail address: mkincaid@sjoc.net PHONE: 940-723-2166  For State Use Only  APPROVED BY: AMAGE AND ABANDON ☐ SUBSEQUENT REPORT OF: SIGNATURE DATE 1/18/2023   | Section 13   |                                 | 0                         |  |
| NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS   PAND A   PAND A    PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   PAND A   CASING/CEMENT JOB   PAND A   CASING/CEMENT JOB   PAND A    DOWNHOLE COMMINGLE   CLOSED-LOOP SYSTEM   OTHER:   OTHER:   OTHER:   COMMENCE DRILLING OPNS. Attach wellbore diagram of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  See Attachment  Rig Release Date:   DATE   1-5-23    Type or print name   William M. Kincaid   E-mail address:   mkincaid@sjoc.net   PHONE:   940-723-2166    For State Use Only  APPROVED BY:   ALTER AND A   COMMENCE DRILLING OPNS   ALTER ALTERING CASING   COMMENCE DRILLING OPNS   ALTER ALTERING CASING   COMMENCE DRILLING OPNS   PAND A   CASING/CEMENT JOB   PAND A |  |                                 | DR, RKB, RI, GR, etc.     |  |
| NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PAND A   PA |  |                                 | 227                       | D  |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING CASING COMMENCE DRILLING OPNS. PAND A POLICE OF AND A COMMENCE DRILLING OPNS. PAND A CASING/CEMENT JOB COMMENCE DRILLING OPNS. OTHER:  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.  See Attachment  Rig Release Date:  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE TITLE Petroleum Engineer DATE 1-5-23  Type or print name William M. Kincaid E-mail address: mkincaid@sjoc.net PHONE: 940-723-2166  For State Use Only  APPROVED BY: ARM WILLIAMS DATE 1/18/2023   | 12. Check Ap   | ppropriate Box to Indicat       |                           |  |
| TEMPORARILLY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS PAND A CASING/CEMENT JOB CHANGE PLANS CASING/CEMENT JOB CASING/CEMENT JOB CHANGE PLANS CASING/CEMENT JOB CASING/CEMENT JOB CHANGE PLANS CASING/CEMENT JOB CASING/CEMENT  | NOTICE OF INT  | ENTION TO:                      |                           |  |
| PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   DOWNHOLE COMMINGLE   CLOSED-LOOP SYSTEM   OTHER:   OTHER:   OTHER:   OTHER:   Is. 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.  See Attachment  Rig Release Date:   DATE   1-5-23    Type or print name   William M. Kincaid   E-mail address:   mkincaid@sjoc.net   PHONE:   940-723-2166   For State Use Only  APPROVED BY:   AMAGE   TITLE   Staff Managar   DATE   1/18/2023   DATE   1/18/ |  |                                 |                           |  |
| DOWNHOLE COMMINGLE  CLOSED-LOOP SYSTEM   |  |                                 |                           |  |
| CLOSED-LOOP SYSTEM OTHER: OTHER: OTHER: IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII   |  | MULTIPLE COMPL                  | CASING/CEMEN              | 11 308   |
| OTHER:  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.  See Attachment  Rig Release Date:  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE William M. Kincaid E-mail address: mkincaid@sjoc.net PHONE: 940-723-2166  For State Use Only  APPROVED BY: ARM OF TITLE Staff Manager DATE 1/18/2023   | CONTROL OF STATE OF S |                                 |                           |  |
| of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  See Attachment  Rig Release Date:  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE William M. Kincaid E-mail address:mkincaid@sjoc.net PHONE: 940-723-2166  For State Use Only  APPROVED BY:   | OTHER:   |                                 |                           |  |
| proposed completion or recompletion.  See Attachment  Rig Release Date:  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE William M. Kincaid E-mail address:mkincaid@sjoc.net PHONE:940-723-2166  For State Use Only  APPROVED BY: ARM AND TITLE Staff Manager DATE1/18/2023   | 13. Describe proposed or comple  | eted operations. (Clearly state | all pertinent details, ar | and give pertinent dates, including estimated date |
| 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 William M. Kincaid E-mail address:mkincaid@sjoc.net PHONE:940-723-2166  For State Use Only  APPROVED BY: January Date1/18/2023  | of starting any proposed wor   | k). SEE RULE 19.15./.14 N       | MAC. For Multiple Co      | impletions. Attach wendore diagram of              |
| 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 William M. Kincaid E-mail address:mkincaid@sjoc.net PHONE:940-723-2166  For State Use Only  APPROVED BY: ARM JULIAN TITLE Staff Manager DATE 1/18/2023  | proposed completion of reco  | mpietion.                       |                           |  |
| 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 William M. Kincaid E-mail address:mkincaid@sjoc.net PHONE:940-723-2166  For State Use Only  APPROVED BY: ARM JULIAN TITLE Staff Manager DATE 1/18/2023  | See Attachment   |                                 |                           |  |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE William M. Kincaid TITLE Petroleum Engineer DATE 1-5-23  Type or print name William M. Kincaid E-mail address: mkincaid@sjoc.net PHONE: 940-723-2166  For State Use Only  APPROVED BY: Staff Manager DATE 1/18/2023  | See Attachment   |                                 |                           |  |
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| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE William M. Kincaid TITLE Petroleum Engineer DATE 1-5-23  Type or print name William M. Kincaid E-mail address: mkincaid@sjoc.net PHONE: 940-723-2166  For State Use Only  APPROVED BY: TITLE Staff Manager DATE 1/18/2023  | Sand Date:   | Rig Relea                       | se Date:                  |  |
| SIGNATURE WILLIAM, Kucaw TITLE Petroleum Engineer DATE 1-5-23  Type or print name William M. Kincaid E-mail address: mkincaid@sjoc.net PHONE: 940-723-2166  For State Use Only  APPROVED BY: Staff Manager DATE 1/18/2023  | Spud Date.   |                                 |                           |  |
| SIGNATURE WILLIAM, Kucawa TITLE Petroleum Engineer DATE 1-5-23  Type or print name William M. Kincaid E-mail address: mkincaid@sjoc.net PHONE: 940-723-2166  For State Use Only  APPROVED BY: Staff Manager DATE 1/18/2023   |  |                                 |                           | and halief   |
| Type or print name William M. Kincaid E-mail address: mkincaid@sjoc.net PHONE: 940-723-2166  For State Use Only  APPROVED BY: Staff Manager DATE 1/18/2023   | I hereby certify that the information a  | bove is true and complete to    | the best of my knowled    | ge and belief.                                     |
| Type or print name William M. Kincaid E-mail address: mkincaid@sjoc.net PHONE: 940-723-2166  For State Use Only  APPROVED BY: TITLE Staff Manager DATE 1/18/2023   | 1.1-110-7.1  |                                 | EVE Die lees Engl         | DATE 1-5-23  |
| For State Use Only  APPROVED BY:  TITLE  Staff Manager  DATE  1/18/2023  | SIGNATURE WULL MI,   | max II                          | ILE <u>Petroleum Engl</u> |  |
| APPROVED BY: The state of the s |  | caid E-mail address             | :mkincaid@sjoc.net        | PHONE:940-723-2166                                 |
|  |  | TITLE_                          | Staff Man                 | ager DATE 1/18/2023                                |

Page 2 (C-103 Attachment) Stephens & Johnson Operating Co. East Millman Unit No. 7-4 API No. 30-015-02231 Eddy County, New Mexico

### Well Data:

Surface Csg: 7 5/8" 24 lb/ft, set @ 609' w/450 sx cmt,

TOC @ surface

Prod. Csg: 4 1/2", 9.5 lb/ft, set @ 2250' w/375 sx cmt,

TOC @ surface.

Perfs: 1734'-1736'; 2054'-2200'

Tubing: 53 jts (1704') 2 3/8"Rice DuoLine

Packer: 4 1/2" Nickel plated AD-1 packer set @ 1704' KB,

csg-tbg annulus filled w/corrosion inhibited fluid.

### Proposed Remedial Work to Repair Tubing Leak

1. TOOH with tubing and packer.

- 2. TIH with bit and 2 3/8" tubing workstring and clean out any fill to PBTD of 2222'. TOOH with tubing and bit.
- 3. TIH with packer and 2 3/8" tubing workstring and set packer at  $\pm 1700'$ . Acidize perforations with 1,000 gals of acid. TOOH with 2 3/8" tubing workstring and packer.
- 4. TIH with 4 1/2" Nickel plated AD-1 injection packer and 53 jts 2 3/8" Rice DuoLine tubing, testing tubing while going in hole. Circulate packer fluid and set packer at 1704' KB.
- 5. Test csg-tbg annulus to 400 psi for 30 minutes. Return well to injection.

| East Millman Pool Unit | M: 1 Iman Yates - SR-DN-GB-SA East | 1-6 | 2023 |
|------------------------|------------------------------------|-----|------|
| WELL 7-4               | FIELD                              |     | DATE |

## Current Wellbore Status

| 0411161  | (, 000,000,0 |            |   |
|--|--------------|------------|---|
| KB ELEVATION 3392  | DF ELEVATION |            | GL ELEVATION 3383'                              |
| PERMANENT WELL BORE DATA   |              |            | DATA ON THIS COMPLETION                         |
| 75/8" 24# Surf. Csq.<br>Set @ 609' W/450 SX CM<br>TOC @ Surface                                |              |            |   |
| 53; +s (1694.77') 238" Rice<br>Duo Line the w/412" AD-1<br>Nickel plated pkr set @<br>1704' KB |              |            |   |
|  |              |            | QN Perfs: 1734-1736'  GB Perfs: 2054'-2056'     |
|  |              |            | 2088' - 2090'<br>2106' - 2(08'<br>2198' - 2200' |
| 41/2" 9.5# Prod. Csq<br>set @ 2250' w/375 sx Co<br>TOC @ Surface<br>(Hole size - 67/4")        |              |            |   |
|  | PBTD         | 33'<br>50' |   |

# East Millman Pool Unit Millman Kates-SR-DN-GB-SA East 1-6, 2023 WELL 7-4 FIELD DATE Proposed Wellbore Status

| KB ELEVATION 3392   | DF ELEVATION                             | GL ELEVATION 3383'  |
|---|--|---|
| PERMANENT WELL BORE DATA  |  | DATA ON THIS COMPLETION   |
| 75/8" 24# Surf. Csa.  Set @ 609' w/450 sx cmt  TOC @ Surface  Duo Line the w/4/2" AD-1  Nickel plated pkr set @  1704' xB  4/2" 9.5# Prod. Csa  Set @ 2350' w/375 sx cmt  TOC @ Surface  (Hole size - 674") |  | QN Perfs: 1734-1736'  GB Perfs: 2054'-2056' 2088'-2090' 2106'-2108' 2198'-2200' |
|   | PBTD - <u>2222'</u><br>TD - <u>2250'</u> |   |

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720

District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170

1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division** 1220 S. St Francis Dr. **Santa Fe, NM 87505** 

CONDITIONS

Action 173489

### **CONDITIONS**

| Operator:                | OGRID:                        |
|--------------------------|-------------------------------|
| STEPHENS & JOHNSON OP CO | 19958                         |
| P.O. Box 2249            | Action Number:                |
| Wichita Falls, TX 76307  | 173489                        |
|                          | Action Type:                  |
|                          | [C-103] NOI Workover (C-103G) |

#### CONDITIONS

| Created By | Condition | Condition<br>Date |
|------------|-----------|-------------------|
| gcordero   | None      | 1/18/2023         |