

Santa Fe Main Office
Phone: (505) 476-3441
General Information
Phone: (505) 629-6116

State of New Mexico
Energy, Minerals and Natural Resources

Online Phone Directory Visit:
<https://www.emnrd.nm.gov/ocd/contact-us/>

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

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		WELL API NO. 30-045-28601
2. Name of Operator SIMCOE LLC		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator 1199 Main Ave., Ste 101 Durango, CO 81301		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>J</u> : <u>1467</u> feet from the <u>S</u> line and <u>2350</u> feet from the <u>E</u> line Section <u>13</u> Township <u>29N</u> Range <u>13W</u> NMPM County <u>San Juan</u>		7. Lease Name or Unit Agreement Name Gallegos Canyon Unit
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5416 GR		8. Well Number <u>13 SWD #001</u>
		9. OGRID Number <u>329736</u>
		10. Pool name or Wildcat <u>[96160] SWD; Mesa Verde</u>

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: <u>Workover</u> <input checked="" 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"/>	
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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.

SIMCOE requests approval to pump 1250 gallons of 15% HCL at 1000 psi above the permitted injection pressure of 711 psi for the referenced well.

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 Cale Redpath TITLE Regulatory Analyst DATE 3/17/26
 Type or print name Cale Redpath E-mail address: cale.redpath@machnr.com PHONE: _____
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____

There will be no change to current wellbore.

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CONDITIONS

Action 563876

CONDITIONS

Operator: SIMCOE LLC 1199 Main Ave., Suite 101 Durango, CO 81301	OGRID: 329736
	Action Number: 563876
	Action Type: [C-103] NOI Workover (C-103G)

CONDITIONS

Created By	Condition	Condition Date
andrew.fordyce	Submit a subsequent report of work performed on OCD form C-103R including the fluid types and fluid volumes pumped, a chart of injection pressures and rates, and any other relevant data for the stimulation treatment that may not be listed here.	3/17/2026