

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

Rec'd 11/21/2020 - NMOCD Form C-103
 Revised July 18, 2013

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

WELL API NO.	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
8. Well Number	
9. OGRID Number	
10. Pool name or Wildcat	
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 type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator	
3. Address of Operator	
4. Well Location Unit Letter _____ : _____ feet from the _____ line and _____ feet from the _____ line Section _____ Township _____ Range _____ NMPM _____ County _____	
11. Elevation (<i>Show whether DR, RKB, RT, GR, etc.</i>)	

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: <i>M.I.T.</i> <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.

- MIRU Pulling Unit
- ND wellhead. NU BOP
- RIH w/ new T2 On/Off tool, new 3-1/2" x 2-7/8" crossover tubing, set @ 7609'.
- Test tubing to 560# for 30 minutes. Good test. Hang well on.
- Return well to injection.
See MIT attached.

Accepted for record test not witnessed
 NMOCD DS 12-4-2020

Spud Date:

Rig Release Date:

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

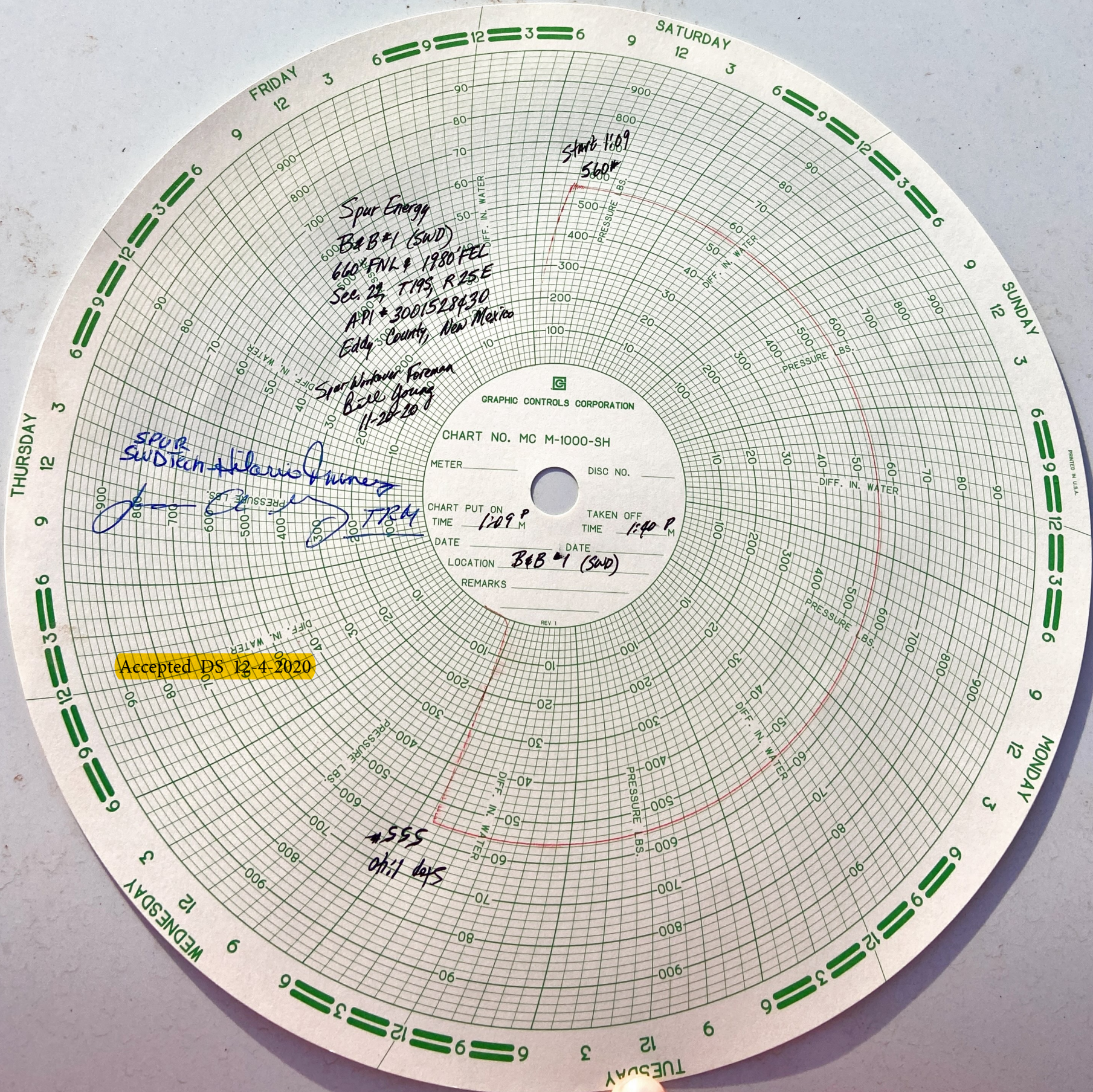
SIGNATURE Sarah Chapman TITLE _____ DATE _____

Type or print name _____ E-mail address: _____ PHONE: _____

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):



Spur Energy
 BAB #1 (SWD)
 660* FNL # 1980 FEL
 Sec. 24, T19S, R25E
 API # 3001528430
 Eddy County, New Mexico

Spur Winflow Foreman
 Bill Young
 11-20-20

SPUR
 SWD Tech - Helario Jimenez

[Signature]
 TRM

GRAPHIC CONTROLS CORPORATION
 CHART NO. MC M-1000-SH
 METER _____ DISC NO. _____
 CHART PUT ON TIME 1:09 P TAKEN OFF TIME 1:40 P
 DATE _____ DATE _____
 LOCATION BAB #1 (SWD)
 REMARKS _____

Accepted DS 12-4-2020

555
 Oh! days

American Valve & Meter, Inc.

1113 W. BROADWAY

P.O. BOX 166 HOBBS, NM 88240

DATE: 11/19/20

T0:TRM

This is to certify that:

I, Justin Harris, Technician for American Valve & Meter Inc.

has checked the calibration of the following instrument.

12" Pressure recorder

Ser.# 19331

at these points.

Test	Pressure #		Test	Temperature *or Pressure #	
	Found	Left		Found	Left
- 0	-	- 0	-	-	
- 500	-	- 500	-	-	
- 700	-	- 700	-	-	
- 1000	-	- 1000	-	-	
- 200	-	- 200	-	-	
- 0	-	- 0	-	-	

Remarks: _____