District II

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

District III

1000 Rio Brazos Road, Aztec, NM 87410 Phone: (505) 334-6178 Fax: (505) 334-6170 District IV

Double Hydrualic/Blinds, Pipe

State of New Mexico

Oil Conservation Division
1220 South St. Francis Dr

Form C-101 Revised July 18, 2013

☐ AMENDED REPORT

	1220 S. St. Francis 1 Phone: (505) 476-34	Dr., Santa Fe 160 Fax: (50:	e, NM 87505 5) 476-3462				Santa Fe	e, NM 8	37505	OC,	ila.	
Γ	APPLIC	CATIC	N FOR	PE	Santa Fe, NM 87505 ERMIT TO DRILL, RE-ENTER, DEEPEN, PL perator Name and Address				LUGBACK	2. OGRID Number		
				3BE/ 415 M	AR FIELD SER W. WALL ST IDLAND, TEX	VICES, LLC ., STE 1212 LAS 79701		FEE			372603 3 API Numl 30-025-TPI	8 45345
	* Proper	ty Code				° Property Name LIBBY BERRY SWD				° Well No.		
•	-				7. Surface Location							
	UL - Lot	Section	Township		Range Lot Idn Feet from			n N/S Line F		Feet From	E/W Line	V Line County
L	A	18	21S		33E		828		N	961	Е	LEA
_				* Proposed Bottom Hole Location						•		
1	UL - Lot	Section -	Township -		Range -	Lot Idn	Feet from	N/	/S Line	Feet From	E/W Line	County
	9. Pool Information											
	Pool Name SWD; Siturian -Devonian - EILUAIRI O									4	Pool Code 96101	
	Additional Well Information											
	11. Work Type 12. v				eil Type WD		13. Cable/Rotary 14. Lea			ease Type Private GURF	15. (Ground Level Elevation
	16. Multiple 17. Pr				posed Depth 18. Formation 17,055' Siluro-Devonian				19. Contractor 20. Spud Date TBD ASAP			
	Depth to Ground water 160'				Distance from nearest fresh water well 3,210'				Dist	ance to nearest > 1 mil		
	We will be using a closed-loop system in lieu of lined pits											
	21. Proposed Casing and Cement Program											
İ	Туре	Ho	ole Size	ze Casing Size		Casing Wo	eight/ft	Setting	g Depth	Sacks of Ce	ment	Estimated TOC
[Conductor		26"	20"		94 lb/						Surface
4	Intermediate-	1 1	7-1/2"	13-3/8"		54.5 lb	4.5 lb/ft 2,1		140' 1850 1,855			Surface
100	Intermediate	3 1:	2-1/4"	9-5/8"		40 lb/	t 8,920'		20'	2,365		Sufrace
	Production Lin	er 8	8-1/2"		7-5/8"		39 lb/ft 8,600'-15					8,600'
L	Tubing	6-1/2"		5-1/2" 17 lb/ft		<u> </u>	15,636'					
	Casing/Cement Program: Additional Comments											
L	See attached schematic.											
	22. Proposed Blowout Prevention Program											
ſ	Туре			T	Working Pressure			Test Pressure			Manufacturer	

best of my knowledge and belief		OIL CONSERVATION DIVISION				
I further certify that I have co 19.15.14.9 (B) NMAC ⊠, if ap Signature:	mplied with 19.15.14.9 (A) NMAC 🗌 and/or oplicable.	Approved By:				
Printed name: Chris Weyand		Title: Petroleum Engineer				
Title: Consulting Engineer		Approved Date: ///8/8 Expiration Date: ///98/20				
E-mail Address: chris@lonquist	.com					
Date: October 29, 2018	Phone: 512-600-1764	Conditions of Approval Attached				
		See Attached				

10,000 psi

1650

8,000 psi

Conditions of Approval

TBD - Schaffer/Cameron

CONDITIONS OF APPROVAL

API#	Operator	Well name & Number
30-025-45345	3BEAR FIELD SERVICES LLC	LIBBY BERRY FEE SWD # 003

Applicable conditions of approval marked with XXXXXX

Administrative Orders Required

XXXXXXX	Reveiw administrative order when approved for additional conditions of approval

Other wells

Casing

XXXXXXX	SURFACE, PRODUCTION CASING –Cement must circulate to surface Liner(1) Cement come to top of liner
XXXXXX	Surface casing must be set 25' below top of Rustler Anhydrite in order to seal off protectable water

Lost Circulation

XXXXXX	Must notify OCD Hobbs Office if lost circulation is encountered at 575-370-3186					

Water flows

١	XXXXXX	Must notify OCD Hobbs Office of any water flow in the Salado formation at 575-370-3186. Report depth				
		and flow rate.				

Stage Tool

XXXXXX	Must notify OCD Hobbs Office prior to running Stage Tool at 575-370-3186
XXXXXXX	If using Stage Tool on Surface casing, Stage Tool must be greater than 350' and a minimum 200 feet above surface shoe.
XXXXXXX	When using a Stage Tool on Intermediate or Production Casing Stage must be a minimum of 50 feet below previous casing shoe.

Completion & Production

XXXXXX	Will require a deviational survey with the C-105
XXXXXX	Must notify Hobbs OCD office prior to conducting MIT (575) 393-6161 ext. 114
XXXXXXX	May not inject prior to SWD order approval
XXXXXX	Must conduct & pass MIT prior to any injection