

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

Form C-103  
Revised July 18, 2013

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

HOBBES OGD  
JAN 26 2016  
RECEIVED

WELL API NO.	30-025-42759 ✓
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	McCLOY SWD ✓
8. Well Number #1	
9. OGRID Number	308996
10. Pool name or Wildcat	SWD - DELAWARE

**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 ☐ Gas Well ☒ Other SWD

2. Name of Operator  
OWL SWD Operating L.L.C.

3. Address of Operator  
8214 Westchester Drive, Ste 850, Dallas, TX 75255

4. Well Location  
Unit Letter L 1683 : \_\_\_\_\_ feet from the SOUTH \_\_\_\_\_ line and 430 \_\_\_\_\_ feet from the WEST \_\_\_\_\_ line  
Section 15 Township 24 S Range 32 E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3627 RKB

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: CSG/TBG MIT OF INJ WELL <input checked="" type="checkbox"/>	

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.

Perforated Delaware injection zone f/5404'-5694'. Treated perms w/8600 gals 15% NEFE HCL acid. Ran pkr & 5-1/2" injection tbg. Set pkr @ 5,350'. Performed step rate injection test down injection tbg: Step 1- No injection @ 261 psi; Step 2 - 6.2 bpm @ 432 psi; Step 3 - 11.8 bpm @ 648 psi; Step 4 - 15.5 bpm @ 864 psi; & Step 5 - 19.2 bpm @ 1080 psi. (27,650 bpd equiv @ MASP 1080 psi). Performed MIT on 5-1/2" annulus on 12-7-15- 530 psi for 30 minutes. (Pressure chart is attached.) OK - no drop-off. (NMOCE notified 24 hrs prior on 12-6-15 but did not witness.). All completion work finished on 12/7/15 & well was turned over to OPS group for injection hook-up to begin injection.

Spud Date: 10/19/15

Rig Release Date: 11/19/15 / 12/7/15 <sup>DATE</sup> <sup>COMPLETION</sup>

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

SIGNATURE Jim Ward TITLE Ops ENGR (CONTRACT) DATE 12/21/15  
Type or print name Jim Ward E-mail address: jim@wtrop.com PHONE: 432-425-3760  
**For State Use Only**  
APPROVED BY: Bill Semanah TITLE Staff Manager DATE 1/27/2016  
Conditions of Approval (if any):

JAN 27 2016



PRINTED IN U.S.A. 6 PM

MIDNIGHT

NOON

6 AM

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Graphic Controls

Calc open, McCloy SWD 1  
API # 30-025-42759

section 15, T24-S-R32-E  
Bart Bolcher 1 HR  
CHART

DATE 12-07-15

BR 2221

2nd CHART REQUIRED

BS

11/27/16

START 540

Stop

530