| Submit I Copy To Appropriate District Office | State of New Mexico Form C-10 | | | | | | |
|---|---|----------------------------|--------------|------------|----------------------------|--------------|--|
| District I – (575) 393-6161 | Energy, Minerals and Natural Resources Revised August 1, 20 | | | | | | |
| 1625 N. French Dr., Hobbs, NM 88240 | | | | | WELL API NO |). | |
| <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION 30-025-42759 | | | | | | |
| District III - (505) 334-6178 | 1220 South St. Francis Dr S Indicate Type of Lease | | | | | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 | | e, NM 8 | 7505 | - | 6. State Oil & 0 | | |
| 1220 S. St. Francis Dr., Santa Fe, NM | | , | MAY 0 | 1 2017 | o. State Off & | das Lease I | NO. |
| 87505 | | | | | | | |
| SUNDRY NO | TICES AND REPORTS (| ON WELLS | ICD EVTO | FIVE | Lease Name | or Unit Ag | reement Name |
| (DO NOT USE THIS FORM FOR PROF DIFFERENT RESERVOIR. USE "APPI | LICATION FOR PERMIT" (FO | EPEN OR PL RM C-101) F(| OR SUCH | A | MCCLOVCW | | |
| PROPOSALS.) | | | | - | MCCLOY SWI 8. Well Number | | |
| 1. Type of Well: Oil Well | Gas Well Other | SWD | | | 001 | 21 | |
| 2. Name of Operator | | | | | 9. OGRID Nun | nher | |
| OWL SWD OPERATING, LLC | √ | | | | 308339 | | |
| 3. Address of Operator | | | | | 10. Pool name or Wildcat | | |
| 8214 WESTCHESTER DR., STI | SWD; BELL CANYON-CHERRY CANY. | | | | | | |
| 4. Well Location | 1695 | | | | | | |
| Unit Letter: L ; | 1650 feet from the | SOUTH | line and | 430 | feet from the | WEST | line |
| Section 15 | Township | 24S | Range | 32E | NMPM | LEA | County |
| | 11. Elevation (Show v | | | | | MATERIA PAR | The state of the s |
| | THE Elevation (SNOW) | 3,599' - | | 311, 010.) | 50 | | |
| | | | | | | | |
| 12 Check | Appropriate Box to I | ndicate N | ature of N | otice I | Report or Othe | er Data | |
| 12. Check | Appropriate Box to 1 | iluicate iv | ature of iv | once, i | report of Othe | Data | |
| | | | | | SEQUENT R | EPORT | OF: |
| Approved for Plugging of wel | | | | | | | NG CASING |
| under bond is retained pendir | | INT T | | | LING OPNS. | PANDA | 7 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 |
| completion of the C-103, Spec Report of Well Plugging, which | | P&A | NB TA | × | JOB | | |
| the OCD web page under form | | P&A | R | | | | |
| Restoration Due By 04-1 | 9-2018 | | | | | | |
| w | | | | | LUGGED AND A | | |
| 13. Describe proposed or con | | | | | | | |
| | work). SEE RULE 19.15. | 7.14 NMA(| C. For Multi | iple Con | ipletions: Attach | wellbore o | liagram of |
| proposed completion or re | ecompletion. | | | | | | |
| 04/12/17: SET 5-1/2" CIRP @ | 5 240' (PER OCD): IET | CUT 5-1/2 | "TRG @ 5 | 330' (P | ER OCD) – NO | L EDEE: V. | TTEMPT TO |
| 04/12/17: SET 5-1/2" CIBP @ 5,240' (PER OCD); JET CUT 5-1/2" TBG. @ 5,330' (PER OCD) – NOT FREE; ATTEMPT TO EST. INJ. RATE INTO TBG. CUT – PRES. UP TO 1,000# X HOLD. | | | | | | | |
| 04/13/17: JET CUT 5-1/2" TBG. @ 5,320' (PER OCD); WORK TBG. FREE X POOH LAYING DOWN 5-1/2" TBG. | | | | | | | |
| 04/18/17: CIRC. WELL W/ 13# MUD; PUMP 40 SXS. CMT. @ 5,340'; WOC X TAG CMT. @ 5,215' (OK'D BY OCD); | | | | | | | |
| PUMP 100 SXS. CMT. @ 4,900'; WOC. | | | | | | | |
| 04/19/17: TAG CMT. PLUG @ 4,653' (OK'D BY OCD); PUMP 50 SXS. CMT. @ 2,025'-1,925'; PUMP 100 SXS. CMT. @ | | | | | | | |
| 1,340'; WOC X TAG CMT. PLUG @ 1,040' (OK'D BY OCD). | | | | | | | |
| 04/20/17: MIX X CIRC. TO SURF. 110 SXS. CMT. @ 225'-3'; DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; WELD STEEL | | | | | | | |
| PLATE ONTO CSC | SS. | | | | | | |
| DUDING THE PROCEDUR | E WE LICED THE CLOSE | ED LOOP | CVCTEM W | UTIL A C | TEEL TANK A | NID HALH | ED CONTENTS |
| DURING THIS PROCEDUR TO THE REQUIRED DISPO | | | SISIEWI W | пназ | SIEEL IANK A | ND HAUL | ED CONTENTS |
| TO THE REQUIRED DISTO | SAL, I ER OCD ROLL I | 7.13.17. | | | | | |
| | | | | | | | |
| MIRU: 04/07/17 | | | RDM | 10: 04/2 | 20/17 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| I hereby certify that the informatio | n above is true and compl | ete to the b | est of my kn | owledge | and belief. | | |
| | 1 | | , | | | | |
| | 150 | | | | | | |
| SIGNATURE O | | | AGENT | | | DATE: 04/ | 20/17 |
| Type or print name: DAVID A. E | YLER E-mail a | ddress: DE | YLER@MI | LAGRO | -RES.COM P | PHONE: 43 | 2.687.3033 |
| For State Use Only | | | | | | | |
| h | | LE P. | 55 | | | | 101/2017 |
| APPROVED BY: | Witaken TIT | LE I | ماء | | | DATE 05 | 101/2011 |
| Conditions of Approval (if any): | | | | | | | |