

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240

Energy, Minerals and Natural Resources

Revised July 18, 2013

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

OIL CONSERVATION DIVISION

220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-28032 ✓
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 Teas Yates Unit
8. Well Number 11-2 ✓
9. OGRID Number 196069 ✓
10. Pool name or Wildcat Teas Yates Seven Rivers

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 ☐

2. Name of Operator
Momentum Operating Co., Inc.

3. Address of Operator
P.O. Box 2439 Albany, Texas 76430

4. Well Location
Unit Letter A : 1250 feet from the N line and 1000 feet from the E line
Section 14 Township 20S Range 33E NMPM LEA County ✓

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3600.9

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: Put in Production ☒

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.

The well was put back into production on April 8, 2018
1.87 bbl Oil/day
19 bbl saltwater/day

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

Megaen Birdwell

TITLE Regulatory

DATE 7/18/2017

Type or print name Megaen Birdwell

E-mail address: megaen@momentumoperating.com

PHONE: 325-762-2366 x 108

For State Use Only

APPROVED BY:

Garen Sharp

TITLE

Staff Mgr

DATE 7-23-18

Conditions of Approval (if any):