

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

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.)		WELL API NO. 30-025-42448
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD HOBBS OCD		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator OWL SWD OPERATING, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 8214 Westchester Drive, Ste 850, Dallas, TX 75255		7. Lease Name or Unit Agreement Name MADERA SWD
4. Well Location Unit Letter <u>N: 433</u> feet from the <u>SOUTH</u> line and <u>1970</u> feet from the <u>WEST</u> line Section <u>14</u> Township <u>24 S</u> Range <u>34 E</u> NMPM County <u>LEA</u>		8. Well Number #1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3464' GR		9. OGRID Number 308339
		10. Pool name or Wildcat SWD; DEVONIAN (96101)

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 checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input 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.

6/27/2015 - Surface Casing...

WIPER TRIP IN HOLE, NO ISSUES; SERVICE RIG AND TOP DRIVE

CIRCULATE BOTTOMS UP AND SPOT LCM PILL ON BOTTOM.

TRIP OUT OF HOLE AND LAY DOWN PONY COLLAR AND 1- 8" DC.

SAFETY MEETING WITH BULL ROGERS AND R/U AND RUN 25 JOINTS OF 16" 84#

CASING, SET AT 1005.'

R/U 16" PUMP IN SWEDGE AND CIRCULATE CAPACITY OF CASING 218 BBLS.

SAFETY MEETING WITH ALLIED AND R/U IRON, PUMP 625 SKS CLASS C PREMIUM

PLUS CMT LEAD, MIX AND PUMP 395 SKS OF CLASS C PREMIUM PLUS CEMENT,

DROP PLUG AND DISPLACE @ 6 BPM, BUMP PLUG WITH 202 BBLS, 500 PSI OVER,

RELEASE PRESURE, FLOATS HELD, 1 BBL BACK, 102 BBLS CMT TO SURFACE 13.2 PPG

WAIT ON CEMENT

Submitted to complete well file documentation on 8/24/2018

Spud Date: 6/23/2015 Rig Release Date: 2/22/2016

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

SIGNATURE [Signature] TITLE Agent for Owl DATE 8/24/18

Type or print name Mary Brown E-mail address: AO/I PHONE:

For State Use Only

APPROVED BY: [Signature] TITLE AO/I DATE 8/28/2018

Conditions of Approval (if any):

Accepted for Record Only