

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
OCT 12 2018
RECEIVED
CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-44622	
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 Jolly Roger 16 State	
8. Well Number 302H	
9. OGRID Number 7377	
10. Pool name or Wildcat Red Hills/ Bone Springs North	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3554 GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> CASING/CEMENT JOB <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>
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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.

10/01/18 TD @ 14,947'

Run 5-1/2", 20#, ICYP110 BTC (0'-14,947')
Cement lead 240 sx Class C, 10.8 ppg, 3.4 yld
Middle 340 sx Class C, 11.5 ppg, 2.38 yld
Tail 1380 sx Class A, 14.5 ppg, 1.25 yld
Test to 5000 psi - good
TOC @ 4227' by Calc

10/02/18 Release Rig

Spud Date: **8/22/18**

Rig Release Date: **10/02/18**

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

SIGNATURE Renee Jarratt TITLE **Regulatory Analyst** DATE **10/9/18**
Type or print name **Renee Jarratt** E-mail address: _____ PHONE: **432-686-3644**
For State Use Only

APPROVED BY: [Signature] TITLE **Petroleum Engineer** DATE **10/12/18**
Conditions of Approval (if any): _____