

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6178
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

HOBBS OCD
OCT 31 2018
RECEIVED

State of New Mexico

Form C-101
Revised July 18, 2013

Energy Minerals and Natural Resources

Oil Conservation Division

☐ AMENDED REPORT

1220 South St. Francis Dr.

Santa Fe, NM 87505

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

1. Operator Name and Address 3BEAR FIELD SERVICES, LLC 415 W. WALL ST., STE 1212 MIDLAND, TEXAS 79701		2. OGRID Number 372603
3. API Number 30-025-100		4. Well No. 2
5. Property Code 722858	6. Property Name PEARSON/FEE SWD	7. STATE TX

7. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
J	32	21S	33E		2,471	S	2,099	E	LEA

8. Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
-	-	-	-	-	-	-	-	-	-

9. Pool Information

Pool Name SWD; Siluro-Devonian - SILURAN	Pool Code 97869
	96101

Additional Well Information

11. Work Type N	12. Well Type SWD	13. Cable/Rotary R	14. Lease Type Min 5 SURF P	15. Ground Level Elevation 3,741'
16. Multiple N	17. Proposed Depth 17,500'	18. Formation Siluro-Devonian, Fusselman, Montoya	19. Contractor TBD	20. Spud Date ASAP
Depth to Ground water 600'		Distance from nearest fresh water well 5,703'		Distance to nearest surface water > 1 mile

☒ We will be using a closed-loop system in lieu of lined pits

21. Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Conductor	26"	20"	94 lb/ft	120'	328	Surface
Intermediate 1	17-1/2"	13-3/8"	54.5 lb/ft	2,000'	2,180	Surface
Intermediate 2	12-1/4"	9-5/8"	40 lb/ft	8,760'	2,330	Surface
Production Liner	8-1/2"	7-5/8"	39 lb/ft	8,460'-16,175'	735	8,460
Tubing	6-1/2"	5.5"	17 lb/ft	16,075'		

Casing/Cement Program: Additional Comments

See attached schematic.

22. Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Double Hydraulic/Blinds, Pipe	8,000 psi	10,000 psi	TBD - Schaffer/Cameron

23. I hereby certify that the information given above is true and complete to the best of my knowledge and belief.
I further certify that I have complied with 19.15.14.9 (A) NMAC ☐ and/or 19.15.14.9 (B) NMAC ☒, if applicable.
Signature:

Printed name: Chris Weyand

Title: Consulting Engineer

E-mail Address: chris@lonquist.com

Date: October 29, 2018

Phone: 512-600-1764

OIL CONSERVATION DIVISION

Approved By:

Title:

Approved Date: 11/08/18

Expiration Date: 11/08/20

Conditions of Approval Attached

See Attached
Conditions of Approval

CONDITIONS OF APPROVAL

API #	Operator	Well name & Number
30-025-45341	3BEAR FIELD SERVICES LLC	PEARSON STATE SWD # 001

Applicable conditions of approval marked with XXXXXX

Administrative Orders Required

XXXXXXX	Reveiw administrative order when approved for additional conditions of approval

Other wells

Casing

XXXXXXX	SURFACE, PRODUCTION CASING –Cement must circulate to surface -- Liner(1) Cement come to top of liner
XXXXXXX	Surface casing must be set 25' below top of Rustler Anhydrite in order to seal off protectable water

Lost Circulation

XXXXXXX	Must notify OCD Hobbs Office if lost circulation is encountered at 575-370-3186

Water flows

XXXXXXX	Must notify OCD Hobbs Office of any water flow in the Salado formation at 575-370-3186. Report depth and flow rate.

Stage Tool

XXXXXXX	Must notify OCD Hobbs Office prior to running Stage Tool at 575-370-3186
XXXXXXX	If using Stage Tool on Surface casing, Stage Tool must be greater than 350' and a minimum 200 feet above surface shoe.
XXXXXXX	When using a Stage Tool on Intermediate or Production Casing Stage must be a minimum of 50 feet below previous casing shoe.

Completion & Production

XXXXXXX	Will require a deviational survey with the C-105
XXXXXXX	Must notify Hobbs OCD office prior to conducting MIT (575) 393-6161 ext. 114
XXXXXXX	May not inject prior to SWD order approval
XXXXXXX	Must conduct & pass MIT prior to any injection