

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

WELL API NO. 30-025-31443
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. Fed NM 86710
7. Lease Name or Unit Agreement Name LOST TANK SWD
8. Well Number 1
9. OGRID Number 287481
10. Pool name or Wildcat DELAWARE-SWD

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD	
2. Name of Operator TLT SWD, LLC	
3. Address of Operator P.O. Box 1906, Hobbs, NM 88241	
4. Well Location Unit Letter <u>E</u> : <u>1980</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>West</u> line Section <u>31</u> Township <u>21-S</u> Range <u>32-E</u> NMPM LEA County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3648' GR	

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 checked="" 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 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.

March 3-15-2019

-Operator noticed well was on reduced injection volumes and small acid jobs did not improve injectivity.
-RU JWS. Blowed well pressure into frac tank. NU BOP.
-Unseat NC packer, TOH w/same&PC tbgr after tagging for fill. Had 200'+ of fill.
-Tallied&TIH w/notched collar&workstring. Unable to make more than 10' w/ reverse unit. Recovering hard CaCO₃ scale.
-TOH w/ Notched collar. TIH w/ 4 3/4" bit&cleaned out to PBTD.
-TOH w/ Bit. TIH w/ 5 1/2" treating packer.
-Acidized w/ 5000 gal 20% HCL NEFE acid in 3 stages.
-TOH w/pkr&workstring.
-TIH w/NC 5 1/2" packer &PC tbgr.
-Circulated pkr fluid. Set pkr @ 4640'
-RU pump truck. MIT for min. Notified NMOCD/Kerry Fortner, good chart.
-RD WSU. Resumed injection 3/15/19.

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 [Signature] TITLE Agent DATE 3/15/2019

Type or print name M.Y. Merchant E-mail address: mymerch@penrocoil.com PHONE: 575-492-1236

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer A DATE 4-1-19
Conditions of Approval (if any)

