

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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

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. 30-025-43452
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Riley Permian Operating Company		6. State Oil & Gas Lease No. VB-2643-0001
3. Address of Operator 29 E. Reno Ave., Suite 500, Oklahoma City, OK 73104		7. Lease Name or Unit Agreement Name K2 18 State
4. Well Location Unit Letter <u>P</u> : <u>120</u> feet from the <u>South</u> line and <u>440</u> feet from the <u>East</u> line Section <u>18</u> Township <u>9 S</u> Range <u>33 E</u> NMPM <u>Lea</u> County		8. Well Number <u>1H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4391' GL		9. OGRID Number <u>372290</u>
		10. Pool name or Wildcat Flying M; San Andres

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: Temporarily Abandon Well ☒

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.

12/11/19 - MIRU PU. ND WH. NU BOP. TOH and LD 1 jt tubing. MI WLU. TIH w/7" CIBP. Set CIBP @ 3705'.
Test casing to 680 psi for 15 min. Good test. Dump bail 6 sx (39') Class C cement on top of CIBP. RDMO.

12/13/19 - Run MIT. Pressure casing to 600 psi and chart for 32 min. Passed MIT. Test witnessed by NMOCD.

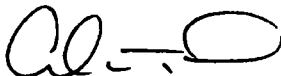
FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 12/13/24
Well needs to be PLUGGED OR RETURNED
to PRODUCTION
BY THE DATE STATED ABOVE: X7

Spud Date:

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

SIGNATURE



TITLE Production Manager

DATE 12/18/19

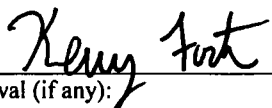
Type or print name Alan Tiedeman

E-mail address: alantiedeman@rileypermian.com

PHONE: 405-415-8693

For State Use Only

APPROVED BY:



TITLE C.O

A

DATE 12-20-19

Conditions of Approval (if any):

District I
1625 N. French Dr., Hobbs, NM 88240
Phone (575) 393-6161 Fax: (575) 393-0720

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name RILEY PERMIAN OPERATING COMPANY, LLC		API Number 30-025-43452-00-00
Property Name K2 18 STATE		Well No. 001H

7. Surface Location

UL - Lot P	Section 18	Township 9-S	Range 33-E	Feet from 120	N/S Line S	Feet From 440	E/W Line E	County LEA
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Well Status

TA'D Well <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SHUT-IN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INJECTOR <input type="checkbox"/> INJ <input type="checkbox"/> SWD	PRODUCER <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS	DATE 12/13/19
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	MT	MA	0	TA
Flow Characteristics					
Puff	G / N	Y / N	Y / N	Y / G	CO2 _____
Steady Flow	Y / G	Y / N	Y / N	Y / G	WTR _____
Surges	Y / G	Y / N	Y / N	Y / G	GAS _____
Down to nothing	G / N	Y / N	Y / N	G / N	If applicable type
Gas or Oil	Y / G	Y / N	Y / N	Y / G	fluid injected for
Water	Y / G	Y / N	Y / N	Y / G	Waterflood

Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Post workover MIT TA STATUS Initial Test
L.G. Services
ser # 265-11458
cal 12-12-19
57560# E

Signature:		OIL CONSERVATION DIVISION Entered into RBDMS Re-test <i>X4</i>
Printed name:		
Title:		
E-mail Address:		
Date: 12/13/19	Phone:	
Witness: KERRY FORTNER-OCD		

575-399-3221

