

Submit a 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. 30-015-30781
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD/INJECTION		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CONTANGO RESOURCES, INC.		6. State Oil & Gas Lease No.
3. Address of Operator 717 TEXAS AVE., SUITE 2900, HOUSTON, TX, 77002		7. Lease Name or Unit Agreement Name NW STATE
4. Well Location Unit Letter <u>K</u> : <u>1900</u> feet from the <u>SOUTH</u> line and <u>2146</u> feet from the <u>WEST</u> line Section <u>32</u> Township <u>17S</u> Range <u>28E</u> NMPM County <u>EDDY</u>		8. Well Number 005
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3672 GL		9. OGRID Number 330447
		10. Pool name or Wildcat ARTESIA, QUEEN-GRAYBURG-SAN ANDRES

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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: 5 YEAR MIT <input checked="" 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.

06/10/2022: MIT PERFORMED, WITNESS BY DAN SMOLIK, OCD. TEST PASSED.

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 Adenner TITLE SR. REGULATORY ANALYST DATE 07/01/2022

Type or print name ALISON DENNER E-mail address: adenner@contango.com PHONE: 713-236-7456

**For State Use Only**

APPROVED BY: [Signature] TITLE Staff Manager DATE 7/11/22  
Conditions of Approval (if any):





State of New Mexico  
Energy, Minerals and Natural Resources Department

Michelle Lujan Grisham  
Governor

Sarah Cottrell Propst  
Cabinet Secretary

Todd E. Leahy, JD, PhD  
Deputy Secretary

Adrienne Sandoval, Division Director  
Oil Conservation Division



Date: 6-10-22

API# 38-015-30781

A Mechanical Integrity Test (M.I.T.) was performed on, Well N.W. 5th & 5

☒ M.I.T. is successful, the original chart has been retained by the Operator on site. Submit a legible scan of the chart with an attached Original C-103Z Form indicating reason for the test. A scanned image will appear on line via NMOCD website.

☐ M.I.T. is unsuccessful, the original chart is returned to the Operator. Repairs will be made; Operator is to schedule for a re-test within a 90-day period. If this is a test of a repaired well currently in non-compliance, all dates and requirements of the original are still in effect.  
**No expectation of extension should be construed because of this test.**

☐ M.I.T. for Temporary Abandonment, shall include a detailed description on Form C-103, including the location of the CIBP and any other tubular goods in the well including the Operator's request for TA status timeline.

☐ M.I.T. is successful, after the secondary request of a scheduled M.I.T. is performed. Therefore, Operator has within a 30-day period from the M.I.T. to submit a current C-103 along with a legible scan of the Chart, including a detailed description of the repair(s). **Only after receipt of the C-103 will the non-compliance be closed.**

☐ M.I.T. is successful, Initial of an injection well, you must submit a form C-103 to NMOCD within 30 days. A C-103 form must include a detailed description of the work performed on this well including the position of the packer, tubing Information, the date of first Injection, the tubing pressure and Injection volume.

Please ensure all documentation requirements are in place prior to injection process.

**If I can be of additional assistance, please feel free to contact me at (575) 626-0836**

Thank You,

Dan Smolik  
EMNRD-O.C.D.  
South District

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CONDITIONS

Action 122537

CONDITIONS

Operator: Contango Resources, Inc. 717 Texas Ave. Houston, TX 77002	OGRID: 330447
	Action Number: 122537
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
gcordero	None	7/11/2022