

Santa Fe Main Office
Phone: (505) 476-3441
General Information
Phone: (505) 629-6116

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

Online Phone Directory Visit:
<https://www.emnrd.nm.gov/ocd/contact-us/>

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.) 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-025-27188
2. Name of Operator Mulloy Operating Inc		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 415 W Wall Street, Suite 200- Midland, Texas 79701		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>N</u> : <u>660</u> feet from the <u>S</u> line and <u>1980</u> feet from the <u>E</u> line Section <u>15</u> Township <u>19S</u> Range <u>32E</u> NMPM County <u>Lea</u>		7. Lease Name or Unit Agreement Name JENNINGS B FEDERAL
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3621		8. Well Number <u>2</u>
		9. OGRID Number 225942
		10. Pool name or Wildcat [96090] SWD; YATES

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <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"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input 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.

MIRU ASAP
 NU BOP
 Unset packer & POOH with tubing and packer
 Visually inspect coated tubing, replace packer
 RIH, load backside and set packer at 2889 +/-
 Test packer to 500# for MIT test
 RU and acidize perfs (2986'-3004', 3012'-3018', 3050'-3060') and open hole 3074'-3282
 Swab load back
 ND BOP and NU wellhead
 Return to SWD Injection

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  TITLE Regulatory Consultant DATE 06/12/2025

Type or print name Mikah Thomas E-mail address: mikah.thomas@permiancompliance.com PHONE: 432.661.7106

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

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CONDITIONS

Action 475125

CONDITIONS

Operator: MULLOY OPERATING, INC. 415 W Wall Midland, TX 79701	OGRID: 225942
	Action Number: 475125
	Action Type: [C-103] NOI General Sundry (C-103X)

CONDITIONS

Created By	Condition	Condition Date
mgebremichael	Should the workover require a tubing change, the same tube as prescribed in the respective order shall be replaced. The packer shall not be set more than 100 ft above the top part of the injection interval.	6/16/2025