

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 ☐ Gas Well ☐ Other ☐		WELL API NO. 5. Indicate Type of Lease STATE ☐ FEE ☐ 6. State Oil & Gas Lease No.
2. Name of Operator		7. Lease Name or Unit Agreement Name
3. Address of Operator		8. Well Number
4. Well Location Unit Letter _____: _____ feet from the _____ line and _____ feet from the _____ line Section _____ Township _____ Range _____ NMPM _____ County _____		9. OGRID Number
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		10. Pool name or Wildcat

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: ☐	
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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.

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 _____ DATE _____

Type or print name _____ E-mail address: _____ PHONE: _____

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

Hilcorp Energy Company



Post Office Box 61229
Houston, TX 77208-1229

1111 Travis St
Houston, TX 77002

Phone: 713/209-2400

PROPOSED PROCEDURE

ARGO 15 #006 (30-025-06603)

1. NOTIFY NMOCD AT LEAST 24 HOURS IN ADVANCE OF RIGGING UP.
2. MIRU
3. ND WELLHEAD. NU BOPD. RELEASE PACKER. TEST BOP.
4. PULL TUBING OUT OF THE HOLE WHILE SCANNING. ENSURE THAT THE SCANNER IS CALLIBRATED FOR LINED TUBING. LAY DOWN ALL RED BAND AND GREEN BAND JOINTS.
5. PICK UP WORK STRING AND BIT AND RUN IN HOLE TO CLEANOUT TO PBTD, POOH AND LD TOOLS.
6. PICK UP AND RUN IN HOLE WITH PACKER AND RBP WITH WORK STRING. SET RBP AT LEAST 500' ABOVE TOP PERF (TOP PERF AT 4100'). SET PACKER. LT CASING TO 550 PSI. RELEASE TOOLS AND POOH.
7. MU AND RIH (WITH WORK STRING) WITH PACKER WITH PUMP OUT PLUG. SET PACKER WITHIN 100' OF TOP PERF (PKR WILL NEED TO BE SET BETWEEN 4000' AND 4100').
8. PRESSURE TEST CASING TO 550 PSI FOR 30 MINUTES. POOH AND LD WORKSTRING.
9. HYDROTEST INJECTION TUBING BIH. ALL JOINTS THAT ARE REPLACED WILL NEED TO BE REPLACED WITH SAME SIZE TUBING THAT WAS REMOVED FROM THE WELL (3.5").
10. CIRCULATE PACKER FLUID. LATCH ONTO PACKER. PUMP OUT PLUG AND CONFIRM INJECTION RATES.
11. CONTACT NMOCD WITH AT LEAST 24 HOURS NOTICE, TO SCHEDULE MIT TEST. RUN MIT AT 550 PSI FOR 30 MINUTES AND SUBMIT PASSING TEST AS SOON AS POSSIBLE.
12. RDMO AND RETURN WELL TO DISPOSAL.



Schematic - Current

Well Name: ARGO 06 SWD

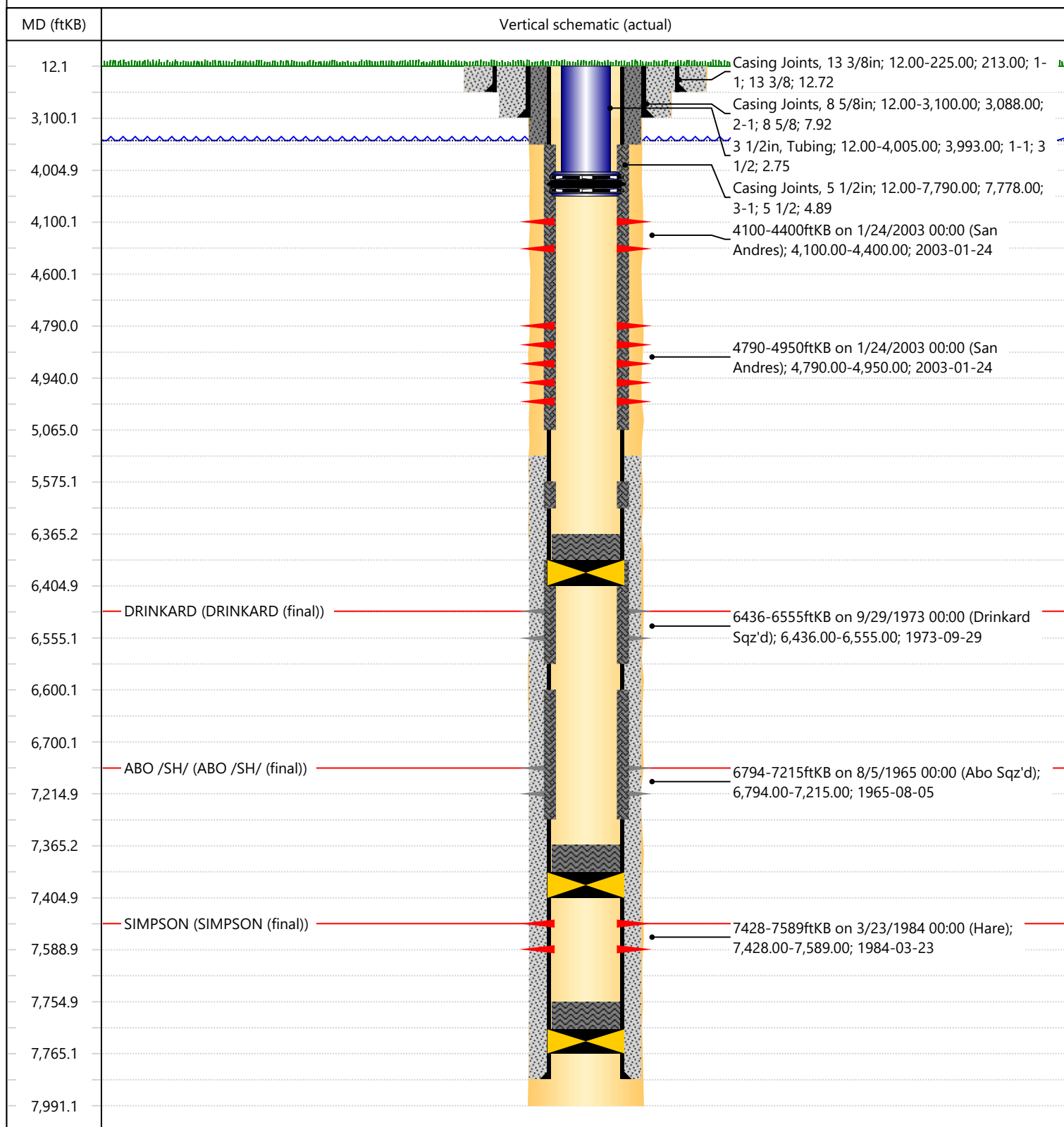
API / UWI 3002506603	Surface Legal Location 1650' FSL, 2310' FWL, Unit K, Sec 15, T-...	Field Name Eunice	License No.	State/Province NEW MEXICO	Well Configuration Type Vertical
Original KB/RT Elevation (ft) 3,441.00	RKB to GL (ft) 12.00	Original Spud Date 2/27/1951 00:00	Rig Release Date	PBTD (All)	Total Depth All (TVD)

Most Recent Job

Job Category	Primary Job Type	Secondary Job Type	Actual Start Date 4/6/2013	End Date 4/10/2015
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TD: 7,991.0

Original Hole, ARGO #006 SWD [Vertical]



WellViewAdmin@hilcorp.com



Schematic - Proposed

Well Name: ARGO 06 SWD

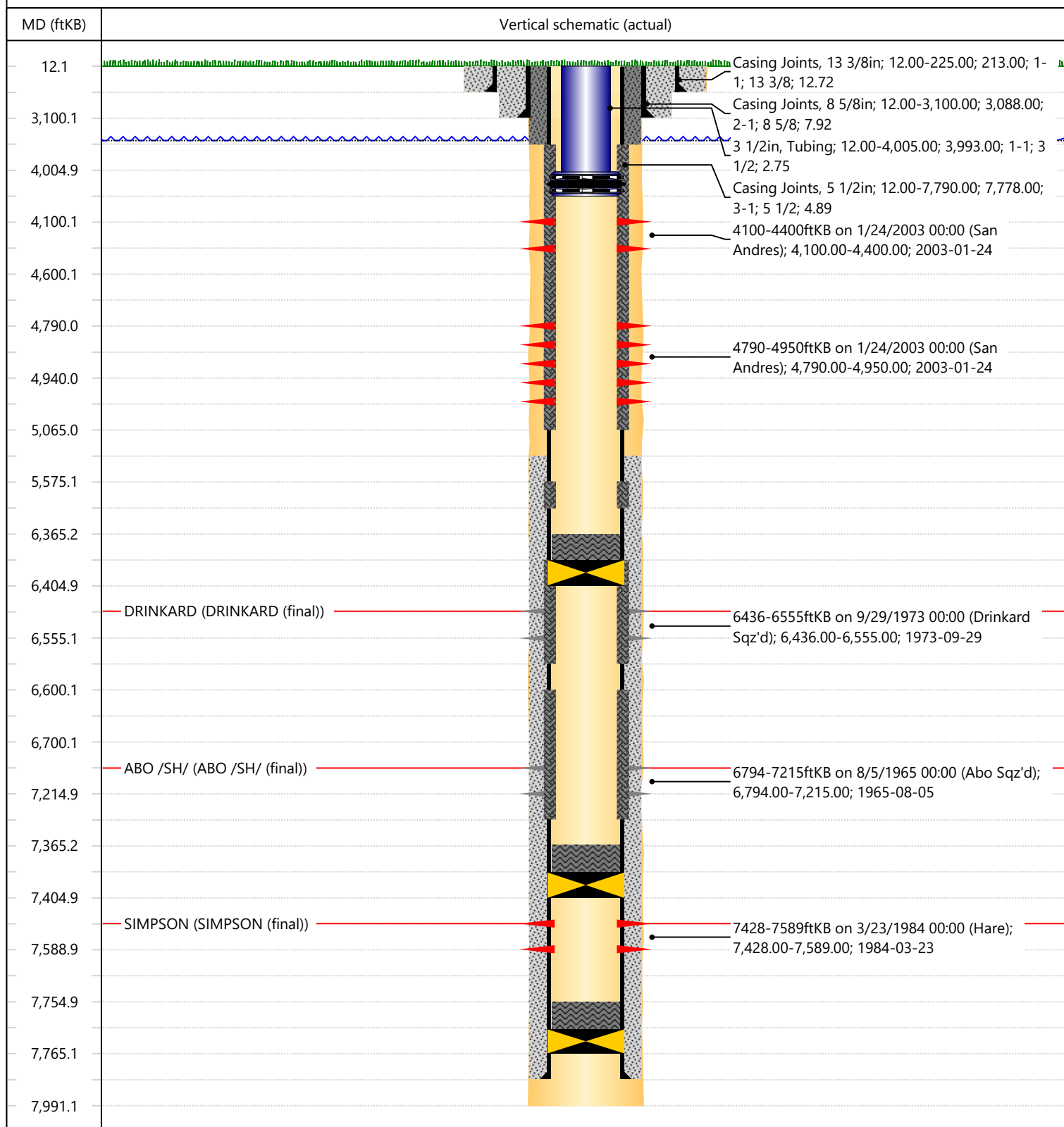
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Original Hole, ARGO #006 SWD [Vertical]



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1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 485720

CONDITIONS

Operator: HILCORP ENERGY COMPANY 1111 Travis Street Houston, TX 77002	OGRID: 372171
	Action Number: 485720
	Action Type: [C-103] NOI Workover (C-103G)

CONDITIONS

Created By	Condition	Condition Date
matthew.gomez	Notify the OCD inspection supervisor 24 hours prior to beginning operations.	7/17/2025
matthew.gomez	Passing MIT test in accordance with 19.15.26.11 NMAC required prior to returning to injection.	7/17/2025
matthew.gomez	All conducted logs shall be submitted to the OCD.	7/17/2025