

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.  5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> 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

<b>NOTICE OF INTENTION TO:</b> 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 type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> 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.

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 #007 (30-025-09915)**

1. NOTIFY NMOCD AT LEAST 24 HOURS IN ADVANCE OF RIGGING UP.
2. MIRU
3. ND WELLHEAD. NU BOP. 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. PRESSURE TEST 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 4250' AND 4350').
8. LT 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 07 SWD

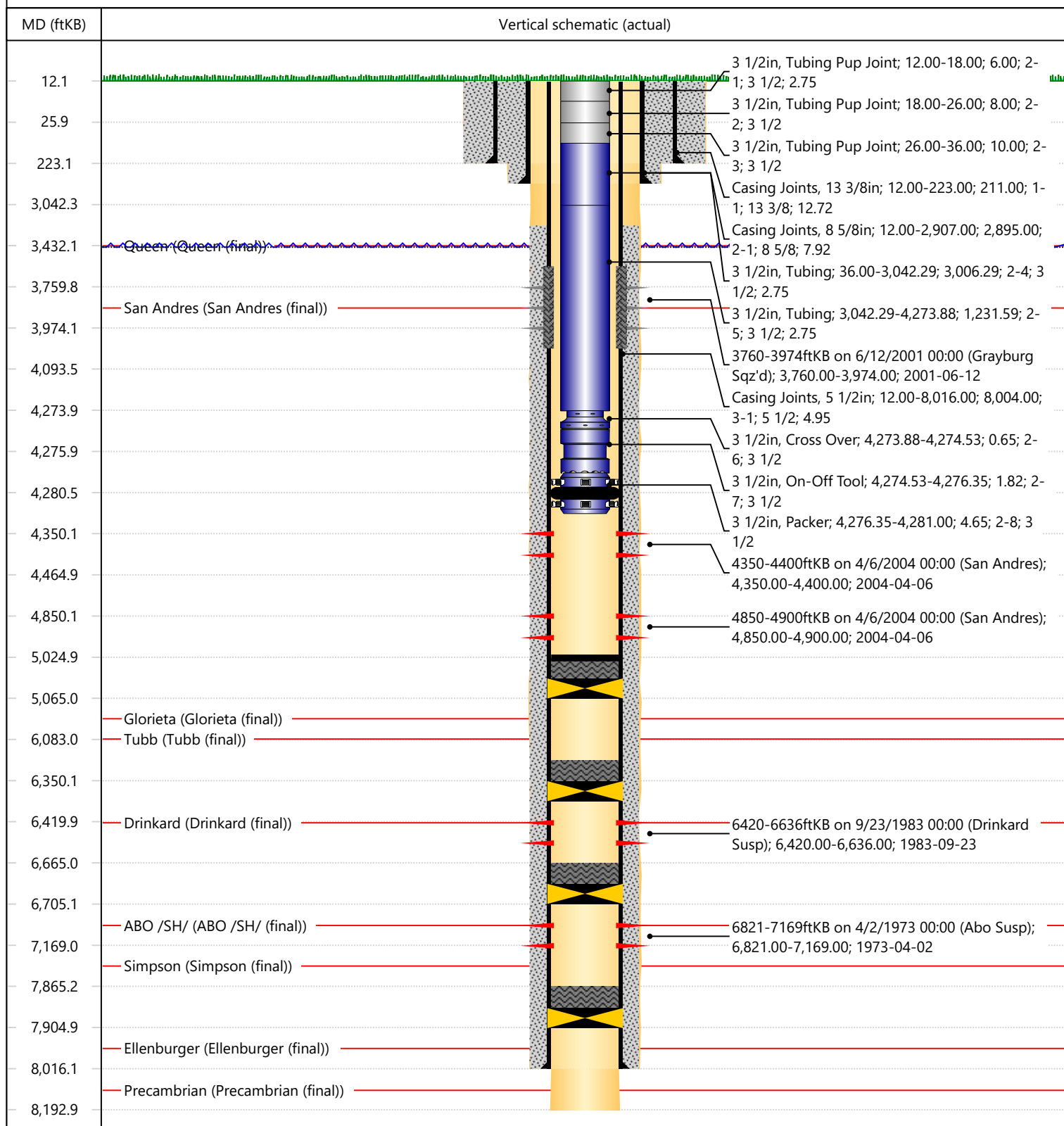
API / UWI 3002509915	Surface Legal Location 2310' FSL, 990' FWL, Unit L, Sec 15, T-2...	Field Name Eunice	License No.	State/Province NEW MEXICO	Well Configuration Type Vertical
Original KB/RT Elevation (ft) 3,449.00	RKB to GL (ft) 12.00	Original Spud Date 4/13/1951 00:00	Rig Release Date	PBTD (All) Original Hole - 5,025.0	Total Depth All (TVD)

## Most Recent Job

Job Category	Primary Job Type	Secondary Job Type	Actual Start Date 6/12/2015	End Date 6/23/2015
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TD: 8,193.0

Original Hole, ARGO 7 [Vertical]



WellViewAdmin@hilcorp.com



## Schematic - Proposed

Well Name: **ARGO 07 SWD**

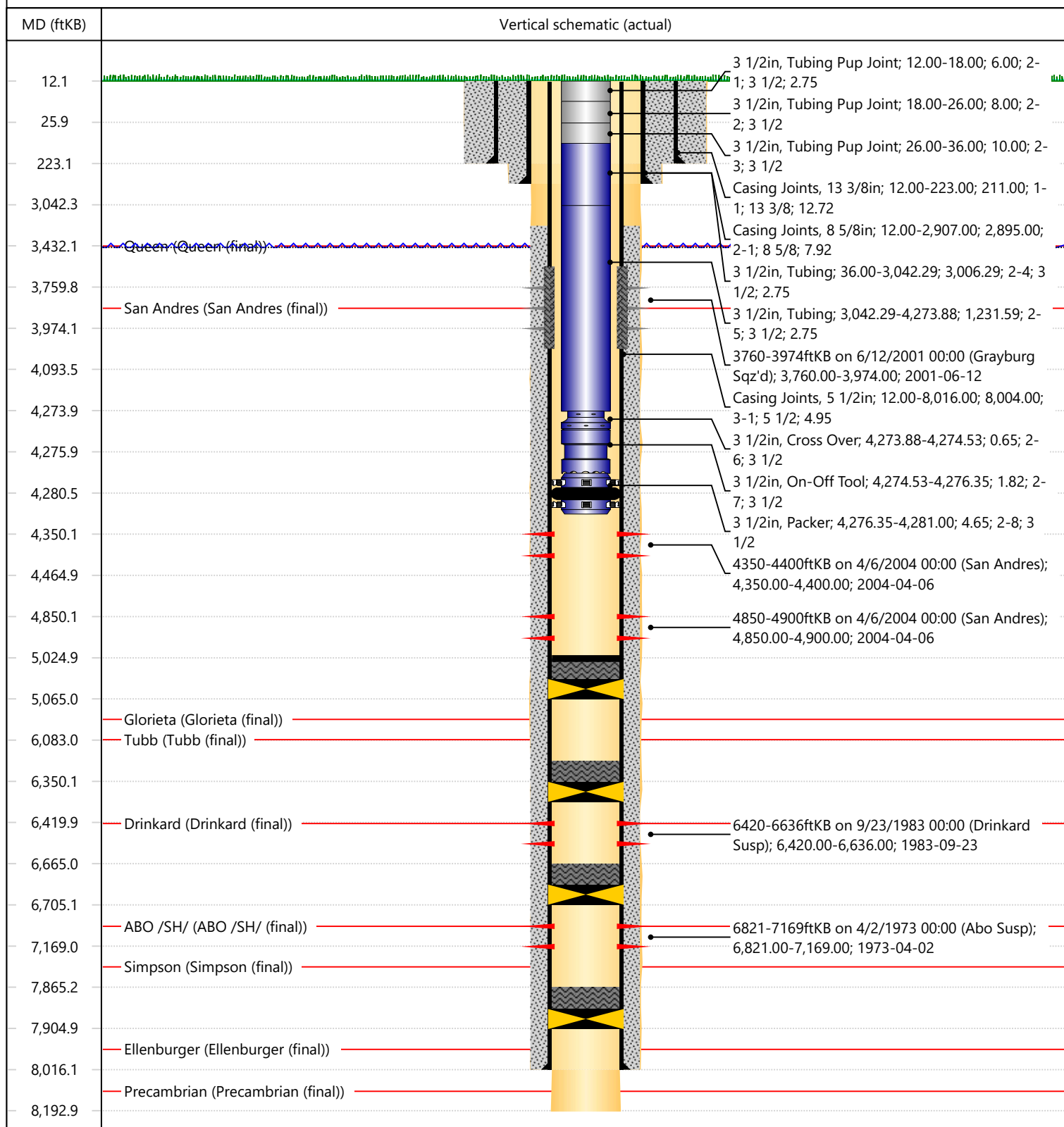
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CONDITIONS

Action 485726

CONDITIONS

Operator: HILCORP ENERGY COMPANY 1111 Travis Street Houston, TX 77002	OGRID: 372171
	Action Number: 485726
	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