

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 checked="" type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-015-21643
2. Name of Operator OWL SWD Operating LLC		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 20 Greenway Plaza, Suite 500 Houston, TX 77046		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>G</u> : 1980 feet from the <u>North</u> line and 1980 feet from the <u>EAST</u> line Section <u>36</u> Township <u>23S</u> Range <u>27E</u> NMPM County <u>Eddy</u>		7. Lease Name or Unit Agreement Name
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		8. Well Number <u>001</u>
9. OGRID Number 388339		10. Pool name or Wildcat Devonian

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 checked="" 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"/>		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.

OWL SWD Operating respectfully requests to install a new AS1X packer at approximately 13,350' with a new tubing string consisting of 4-1/2" #12.75 CS Hydril 1850IPC. The well would be circulated with packer fluid on the backside then a successful MIT will be run per OCD guidelines prior putting the well back online.

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 Shelly Cowden TITLE Sr. Regulatory Manager DATE 07/17/2025
 Type or print name Shelly Cowden E-mail address: Shelly.Cowden@pilotwater.com PHONE: 505-692-0354
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any): _____







Well Name:

County:

Lat/Long:

API #:

Spud Date:

Permitted Zone

Cigarillo SWD #1

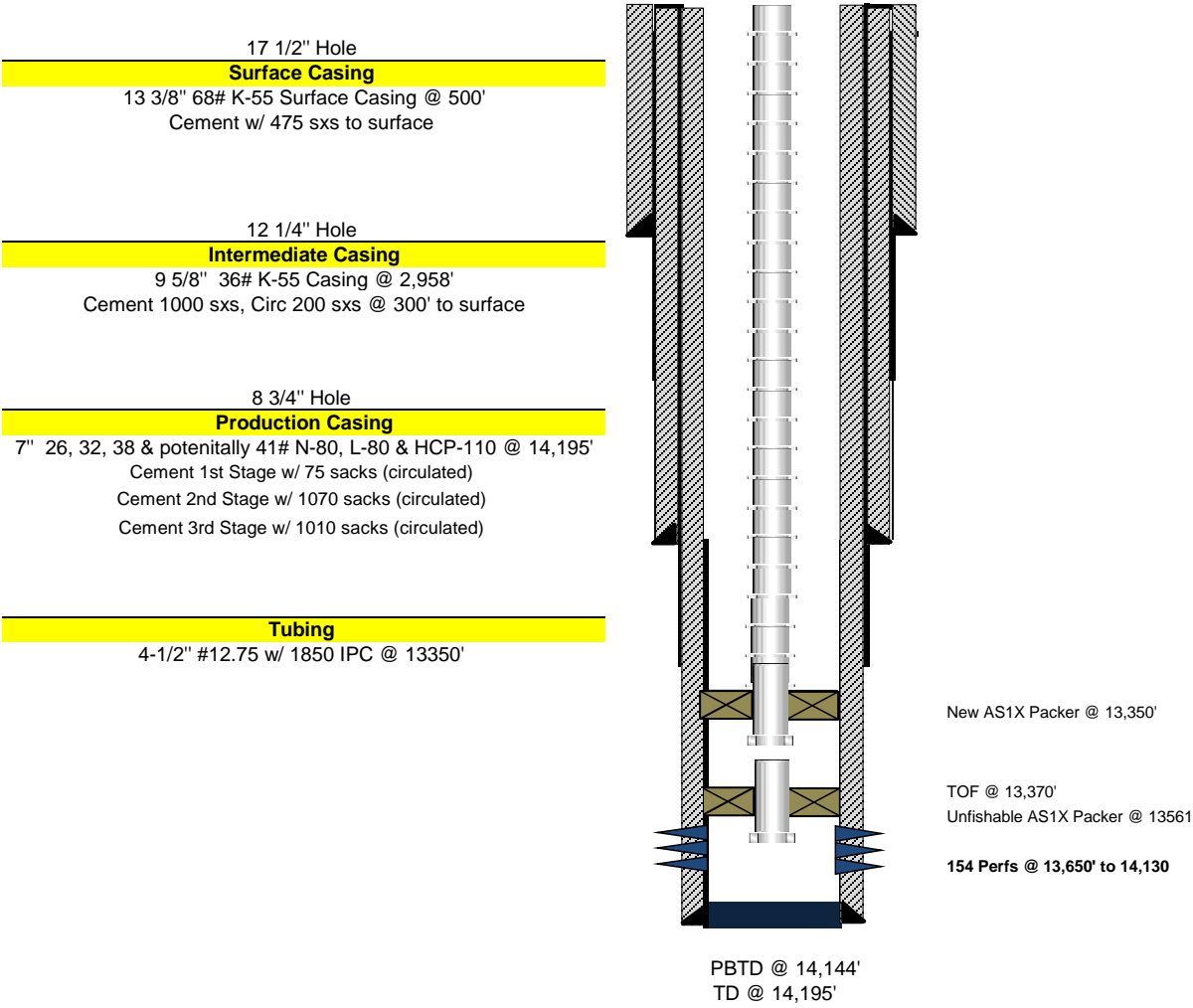
Eddy County, NM

32.2632217, -104.1419678

30-015-21643

spud in 1975, P&A twice, recompletion 2009

Devonian



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CONDITIONS

Action 486143

CONDITIONS

Operator: OWL SWD OPERATING, LLC 20 Greenway Plaza Houston, TX 77046	OGRID: 308339
	Action Number: 486143
	Action Type: [C-103] NOI Change of Plans (C-103A)

CONDITIONS

Created By	Condition	Condition Date
mgebremichael	If you are unable to place the packer not more than 100 ft above the injection interval, please proceed with setting the packer where it is operationally possible and submit a request to OCD for a packer setting depth exception.	7/18/2025