

**UICI – 8 - 4**

**C-103s**

Submit 1 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. 30-015-44677
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator: HOLLYFRONTIER NAVAJO REFINING LLC		6. State Oil & Gas Lease No.
3. Address of Operator: P.O. BOX 159, ARTESIA, NM 88210		7. Lease Name or Unit Agreement Name
4. Well Location Unit Letter : <u>N</u> : <u>1217</u> feet from the <u>SOUTH</u> line and <u>2443</u> feet from the <u>WEST</u> line Section : <u>23</u> Township: <u>17S</u> Range: <u>27E</u> NMPM County: <u>EDDY</u>		8. Well Number: WDW-4
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3565</u>		9. OGRID Number: 15694
10. Pool name or Wildcat: SILURIAN-DEVONIAN		

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"/>			
OTHER: Pressure Fall Off /Test & MIT <input checked="" type="checkbox"/>		OTHER: <input 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.

**Day 1:** Sept 12, 2020; Start constant Injection Rate of 160 gpm into WDW-4, (30-015-44677) as well as the three (3) other injection wells for at least 30 hours prior to shut-in of WDW-4 for Fall Off Testing. Wellhead pressure on WDW-1, WDW-2 and WDW-3 will not exceed 1400 psig. Plant personnel will record rate, volume and pressure during the constant rate injection period to ensure steady flow for analysis. Injection fluid samples will be collected every 10 hours and analyzed for pH and specific gravity.

**Day 2:** Sept. 13, 2020 Continue constant injection rate into all 4 wells.

**Day 3:** Sept. 14, 2020 While injection continues, run dual downhole memory gauges to test depth making flowing gradient stops every 1,000 feet. Collect pressure data at test depth for a minimum of 1 hour while injecting at a constant rate. Shut WDW-4 in and start data collection for a minimum of 30 hours. WDW-1, WDW-2 and WDW-3 will continue normal injection and operation.

**Day 4:** Sept 15, 2020. WDW-4 is still shut in while collecting pressure data.

**Day 5:** Sept 16, 2020. After a minimum of 30 hours of data collection, gauges will be pulled from the well making stops every 1,000 feet. After tools reach surface, a second run with sinker bars will tag bottom. MIT will be conducted for a minimum of 30 minutes with calibrated pressure guage.

NOTE: Will notify Artesia District of schedule for Witnessing of bot.hole gauge install and MIT .

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 Env. Spec. DATE 9/08/2020  
 Type or print name Lewis R. Dade E-mail address: Lewis.Dade@hollyfrontier.com PHONE: 575-746-5281

**For State Use Only**

APPROVED BY:  TITLE Environmental Engineer DATE 9/8/2020

Conditions of Approval (if any):  
Follow Fall Off Test Plan.