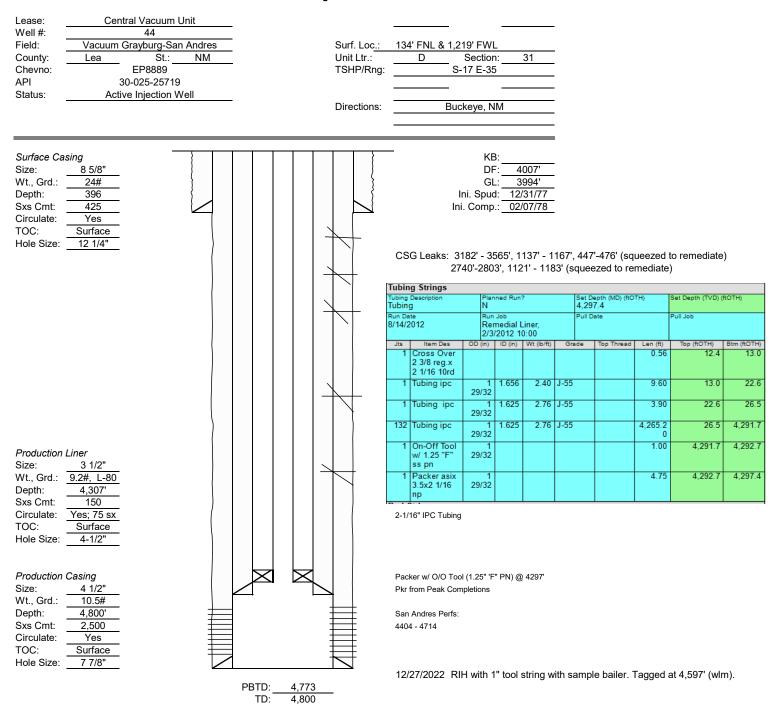
| District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 District III – (575) 748-1283 SI1 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 1220 S. St. Francis Dr. Sundar Fe, 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 | Ceined by Opp Po Apply Plate Bistocos Office | <i>PM</i> Star | te of New M | exico | Form C-18 | 8 e 1 o |
|--|--|--|-------------------|---------------------------|--|----------------|
| Diamet III | <u>District I</u> – (575) 393-6161 | = \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | |)13 |
| \$\frac{811.5. First \$5. Artssis. Not \$\frac{8210}{12.0. South \$5.1. Francis Dr. Santa Fe, NM 87505} \frac{5.0. Indicate Type of Lease \$1.7. Santa Fe, NM 87505} \frac{5.0. Santa Fe, NM 87505} 5.0. Santa Fe, NM 87 | District II (575) 749 1393 | | | | | |
| 100 Rio Brazo Rad. Aztec. NN 87540 Santa Fe, NM 87505 Santa Fe, Shane Br. Shane Br. Shane Fe, Shane | 811 S. First St., Artesia, NM 88210 | | | | | |
| 1239 S.R. Francis Dr. Sania F. N. Mary String 1230 S.R. Francis Dr. Sania F. N. Market 1230 S.R. Francis Dr. Sania F. N. Market 1230 S.R. Francis Dr. Sania F. Sania F. N. Market 1230 S.R. Francis Dr. Sania F. | | 1000 Rio Brazos Rd. Aztec. NM 87410 | | | STATE \mathbf{x} FEE \square | |
| SUNDRY NOTICES AND REPORTS ON WELLS ON NOT USE THIS FORM NOE PROPOSAL STO DIRELLOR TO DESPING ON PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT "GORN CLOT) FOR SUCH PETRENT RESERVOIR. USE "APPLICATION FOR PERMIT "GORN CLOT) FOR SUCH 10. Type of Well: Oil Well Gas Well Other DEFECTION S. Well Number 044 11. Type of Well: Oil Well Gas Well Other DEFECTION S. Well Number 044 12. Name of Operator 10. Pool name or Wildcat 13. Address of Operator 400 W 7TH ST, FORT WORTH, TX 76102 VACUUM, GRAYBURG-SAN ANDRES 14. Well Location 11. Elevation (Show whether DR, REB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING ALTERNO COMMINGE PLUG AND ABANDON CASING/CEMENT JOB ALTERNO CASING DUNN-HOLE COMMINGLE COMMING | <u>District IV</u> – (505) 476-3460 Santa Fe, NM 8/505 | | | | 6. State Oil & Gas Lease No. | |
| DO NOT USE THIS FORM FOR PROPOSALS IT O DRILL OR TO DEPINS ON PLUG BACK TO A DEPERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C. 101) FOR SUCH PROPOSALS) 1. Type of Well: Oil Well Gas Well Other BUECTION | | | | | | |
| DIFFERENT RESERVOIRE, USE "APPLICATION FOR PERMIT" (FORM C-100) FOR SUCH PROPOSALS, | | 7. Lease Name or Unit Agreement Name | . | | | |
| 1. Type of Well: Oil Well | ` | | | CENTRAL VACILIMINIT | | |
| 2. Name of Operator | | G . W . II O. II | | | 9 Wall Number | |
| Address of Operator A Well Location Unit Letter D: 134 feet from the N line and 1219 feet from the W line Section 31 Township 178 Range 35E NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK PLUG AND ABANDON CANNEG PLANS COMMENCE DRILLING OPNS PAND A CASING/GEMENT JOB DOWNHOLE COMMINGE COMMENCE COMMINGE COMMENCE COMMINGE COMMENCE OF STEELEN COMMENCE DRILLING OPNS PAND A CASING/GEMENT JOB DOWNHOLE COMMINGE COMMENCE DRILLING OPNS PAND A CASING/GEMENT JOB COHER: At least 2 weeks before moving in workover rig, begin injecting water to load hole and formation for workover well control. a. Verbally understood this would be included in the NOI request. All Reast 2 weeks before moving in workover rig, begin injecting water to load hole and formation for workover well control. a. Verbally understood this would be included in the NOI request. S. RIH and cleanout to PBTD. S. RIH fails, pull scan and replace R. Pkr leak, pull and rep | | Gas well Oth | er INJECTION | | 044 | |
| 3. Address of Operator 4. Well Locution 4. Well Locution 4. Unit Letter D: 134 feet from the N line and 1219 feet from the W line Section 31 Township 17S Range 35E NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS PAND A CASING/CEMENT JOB CO | • | GSTAR OPERATING | G LLC | | | |
| 4. Well Location Unit Letter | 3. Address of Operator | | | | | |
| Unit Letter D: 134 feet from the N line and 1219 feet from the W line Section 31 Township 178 Range 35E NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE ORILLING OPNS. ALTERING CASING COMMENCE ORILLING OPNS. PAND A CASING/CEMENT JOB COMMENCE OF THE ACTION OF | 400 W 7T | H ST, FORT WORTI | H, TX 76102 | | VACUUM; GRAYBURG-SAN ANDRE | ES |
| Section 31 Township 17S Range 35E NMPM County LEA | 4. Well Location | | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS PAND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB PAND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB PAND A OTHER: OTHER: OTHER: OTHER: 13. Describe proposed or completion or recompletions. (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. In response to Violation of RGR230132557, MorningStar requests approval for the following procedure: 1. At least 2 weeks before moving in workover rig, begin injecting water to load hole and formation for workover well control. a. Verbally understood this would be included in the NOI request. 2. MIRU WO and test they if fails, pull scan and replace. 3. Release on off tool and test csey/br. If fails, RIH test pkr and determine if csg or pkr. a. Pkr leak, pull and replace pkr. b. Csg leak, request approval to propose repair. 4. RIH and cleanout to PBTD. 5. RIH inj pkr and set at ~ 4,275°. a. Due to 3.5° lient edpth, request approval to set inj pkr at this depth. (~129' above top perf). 6. Perform MIT test 7. Return well to injection. Rig Release Date: hereby certify that the information above is true and complete to the best of my knowledge and belief. ACKINATURE Connic Blaylock TITLE Compliance Officer A DATE 1/4/23 | | :134feet from | | | | .e |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | Section 31 | | | | , | |
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| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB CASING/CEMENT JOB DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: OT | 12. CHECK | Appropriate box | to mulcate i | valure of motice | , Report of Other Data | |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A DULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: OTHER: OTHER: 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. In response to Violation cGR2230132557, MorningStar requests approval for the following procedure: 1. At least 2 weeks before moving in workover rig, begin injecting water to load hole and formation for workover well control. a. Verbally understood this would be included in the NOI request. 2. MIRU WO and test tbg. If fails, pull scan and replace. 3. Release on off tool and test csylpts. If fails, RIH test pkr and determine if csg or pkr. a. Pkr leak, pull and replace pkr. b. Csg leak, request approval to propose repair. 4. RIH and cleanout to PBTD. 5. RIH inj pkr and set at ~ 4,275'. a. Due to 3.5'' liner depth, request approval to set inj pkr at this depth. (~129' above top perf). 6. Perform MIT test 7. Return well to injection. Find Date: Rig Release Date: Rig Release Date: DATE 01/03/2023 DATE 01/03/2023 DATE 01/03/2023 DATE 1/4/23 | NOTICE OF I | NTENTION TO: | | SUE | BSEQUENT REPORT OF: | |
| PULL OR ALTER CASING MULTIPLE COMPL OTHER: OTHER: | PERFORM REMEDIAL WORK | | | | |] |
| DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: | | _ | | | | |
| CLOSED-LOOP SYSTEM OTHER: 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. In response to Violation cGR2230132557, MorningStar requests approval for the following procedure: 1. At least 2 weeks before moving in workover rig, begin injecting water to load hole and formation for workover well control. a. Verbally understood this would be included in the NOI request. 2. MIRU WO and test tbg. If fails, pull scan and replace. 3. Release on off tool and test exg/pkr. If fails, RIH test pkr and determine if esg or pkr. a. Pkr leak, pull and replace pkr. b. Csg leak, request approval to propose repair. 4. RIH and cleanout to PBTD. 5. RIH inj pkr and set at ~ 4.275'. a. Due to 3.5" liner depth, request approval to set inj pkr at this depth. (~129' above top perf). 6. Perform MIT test 7. Return well to injection. Rig Release Date: Rig Release Date: Commix Blaylock | _ | | PL 🗌 | CASING/CEMEN | NT JOB | |
| OTHER: MIT | | | | | | |
| 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. In response to Violation cGR2230132557, MorningStar requests approval for the following procedure: 1. At least 2 weeks before moving in workover rig, begin injecting water to load hole and formation for workover well control. a. Verbally understood this would be included in the NOI request. 2. MIRU WO and test tbg. If fails, pull scan and replace. 3. Release on off tool and test csg/pkr. If fails, RIH test pkr and determine if csg or pkr. a. Pkr leak, pull and replace pkr. b. Csg leak, request approval to propose repair. 4. RIH and cleanout to PBTD. 5. RIH inj pkr and set at ~ 4,275'. a. Due to 3.5" liner depth, request approval to set inj pkr at this depth. (~129' above top perf). 6. Perform MIT test 7. Return well to injection. Find Date: Rig Release Date: Rig Release Date: Connic Blaylock TITLE Regulatory Analyst DATE 01/03/2023 PHONE: 817-334-7882 PHONE: 817-334-7882 TITLE Compliance Officer A DATE 1/4/23 | | =" | П | OTHER: | | ٦ |
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| 6. Perform MIT test 7. Return well to injection. Spud Date: Rig Release Date: Rig Release Date: CHAPROVED BY: Rig Release Date: Rig Release Date: Rig Release Date: DATE 01/03/2023 PHONE: 817-334-7882 TITLE Compliance Officer A DATE 1/4/23 | | | to set inj pkr at | this depth. (~129' | above top perf). | |
| Rig Release Date: Rig Release Date: | | , 1 11 | 3 1 | 1 \ | 11 / | |
| hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Connic Blaylock TITLE Regulatory Analyst DATE 01/03/2023 Sype or print name Connic Blaylock E-mail address: cblaylock@mspartners.com PHONE: 817-334-7882 STOR State Use Only APPROVED BY: TITLE Compliance Officer A DATE 1/4/23 | 7. Return well to injection. | | | | | |
| hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Connic Blaylock TITLE Regulatory Analyst DATE 01/03/2023 Sype or print name Connic Blaylock E-mail address: cblaylock@mspartners.com PHONE: 817-334-7882 STOR State Use Only APPROVED BY: TITLE Compliance Officer A DATE 1/4/23 | Spud Date: | | Rig Release D | ate: | | |
| SIGNATURE Connic Blaylock TITLE Regulatory Analyst DATE 01/03/2023 E-mail address: cblaylock@mspartners.com PHONE: 817-334-7882 APPROVED BY: TITLE Compliance Officer A DATE 1/4/23 | - F | | 8 | | | |
| SIGNATURE Connic Blaylock TITLE Regulatory Analyst DATE 01/03/2023 E-mail address: cblaylock@mspartners.com PHONE: 817-334-7882 APPROVED BY: TITLE Compliance Officer A DATE 1/4/23 | | | | | | |
| SIGNATURE Connic Blaylock TITLE Regulatory Analyst DATE 01/03/2023 E-mail address: cblaylock@mspartners.com PHONE: 817-334-7882 APPROVED BY: TITLE Compliance Officer A DATE 1/4/23 | I hereby certify that the information | above is true and co | omplete to the b | est of my knowled | ge and belief. | |
| Type or print name Connie Blaylock E-mail address: cblaylock@mspartners.com PHONE: 817-334-7882 For State Use Only APPROVED BY: TITLE Compliance Officer A DATE 1/4/23 | - | | - | - | | |
| Type or print name Connie Blaylock E-mail address: cblaylock@mspartners.com PHONE: 817-334-7882 For State Use Only APPROVED BY: TITLE Compliance Officer A DATE 1/4/23 | SIGNATURE Connis Bl | aulock | TITLE Dam | ilotomi Anglyst | DATE 01/03/2023 | |
| APPROVED BY: Title Compliance Officer A DATE 1/4/23 | | U | 2 | , , | | |
| APPROVED BY: Yeary Forther TITLE Compliance Officer A DATE 1/4/23 | | ock | E-mail addres | ss: <u>_cblaylock@</u> ms | spartners.com PHONE: 817-334-7882 | |
| | For State Use Only | | | | | |
| | W | 1.4 | • | | | |
| | APPROVED RY: IN DALLA | THANLA | TITLE CO | mpliance Officer | A DATE 1/4/23 | |

Received by OCD: 1/3/2023 1:46:05 PM

CVU #44 Wellbore Diagram



District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720 District II

811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720

District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170

1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. **Santa Fe, NM 87505**

CONDITIONS

Action 171840

CONDITIONS

| Operator: | OGRID: |
|---------------------------|-------------------------------|
| MorningStar Operating LLC | 330132 |
| 400 W 7th St | Action Number: |
| Fort Worth, TX 76102 | 171840 |
| | Action Type: |
| | [C-103] NOI Workover (C-103G) |

CONDITIONS

| Created By | Condition | Condition Date |
|---------------|------------------|-------------------|
| kfortner | Run PWOT MIT/BHT | 1/4/2023 |