

Submit a 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. 30-015-28519
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator SILVERBACK OPERATING II, LLC		6. State Oil & Gas Lease No. V-3301
3. Address of Operator 19707 West IH 10, Suite 201 San Antonio, TX 78257		7. Lease Name or Unit Agreement Name Savannah State
4. Well Location Unit Letter A : 660 feet from the NORTH line and 660 feet from the EAST line Section 32 Township 19S Range 25E NMPM EDDY County		8. Well Number 001
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3502' GL		9. OGRID Number 330968
		10. Pool name or Wildcat Dagger Draw; Upper Penn, North

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: Performed MIT to extend TA <input checked="" 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.

The subject well is currently TA'd . PBTD at 9615. Perfs at 7,601'-7,772'. CIBP w/35' cmt at 7550' and another CIBP w/ 35' cmt at 9130'.

MIT performed and passed on 01/27/2023. Please see the test results attached. Silverback request permission to extend the current TA status of the subject well.

TA Status Approved until 6/01/2027

Last Reported Production 6/1/2017

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 Fatma Abdallah TITLE Regulatory Manager DATE 01/10/2023

Type or print name Fatma Abdallah E-mail address: fabdallah@silverbackexp.com PHONE: (210) 585-3316

For State Use Only

APPROVED BY: [Signature] TITLE Staff Manager DATE 3/10/23

Conditions of Approval (if any):

State of New Mexico
Energy, Minerals and Natural Resources Department

Michelle Lujan Grisham
Governor

Sarah Cottrell Propst
Cabinet Secretary

Todd E. Leahy, JD, PhD
Deputy Secretary

Adrienne Sandoval, Division Director
Oil Conservation Division



Date: 1/27/2022

API# 30-015-28519

A Mechanical Integrity Test (M.I.T.) was performed on, Well Savannah State #1

___ M.I.T. is **successful**, the original chart has been retained by the Operator on site. Send a **legible** scan of the chart with an attached **Original C-103 Form** indicating reason for the test, via post mail to District NMOCD field office. A scanned image will appear online via NMOCD website, 7 to 10 days after postdating.

___ M.I.T. is **unsuccessful**, the original chart is returned to the Operator. Repairs will be made; Operator is to schedule for a re-test within a 90-day period. If this is a test of a repaired well currently in non-compliance, all dates and requirements of the original are still in effect.
No expectation of extension should be construed because of this test.

___ M.I.T. for **Temporary Abandonment**, shall include a detailed description on **Form C-103**, including the location of the CIBP and any other tubular goods in the well including the Operator's request for TA status timeline.

___ M.I.T. is **successful**, after the secondary request of a scheduled M.I.T. is performed. Therefore, Operator has within a 30-day period from the M.I.T. to submit a current C-103 along with a legible scan of the Chart, including a detailed description of the repair(s). **Only after receipt of the C-103 will the non-compliance be closed.**

___ M.I.T. is **successful**, Initial of an injection well, you must submit a **form C-103** to NMOCD within 30 days. A **C-103 form** must include a detailed description of the work performed on this well including the position of the packer, tubing Information, the date of first Injection, the tubing pressure and Injection volume.

Please contact me for verification to ensure documentation requirements are in place prior to injection process.

If I can be of additional assistance, please feel free to contact me at (575) 626-0836

Thank You,

Barbara Lydick, Compliance Officer
EMNRD-O.C.D.
South District – Artesia, NM

DEPARTMENT

South District-Artesia

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <i>Silverback Operating</i>	API Number <i>30-015-28519</i>
Property Name <i>Savannah State</i>	Well No. <i>#1</i>

2. Surface Location

UL - Lot <i>A</i>	Section <i>32</i>	Township <i>19S</i>	Range <i>25E</i>	Feet from <i>660</i>	N/S Line <i>N</i>	Feet From <i>660</i>	E/W Line <i>E</i>	County <i>Eddy</i>
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Well Status

<input checked="" type="radio"/> YES	TA'D WELL	<input type="radio"/> NO	<input type="radio"/> YES	SHUT-IN	<input type="radio"/> NO	<input type="radio"/> INJ	INJECTOR	<input type="radio"/> SWD	<input type="radio"/> OIL	PRODUCER	<input type="radio"/> GAS	DATE <i>1/27/2023</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>			<i>0</i>	<i>N/A</i>
Flow Characteristics					
Puff	<i>(Y) / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>(Y) / N</i>	CO2
Steady Flow	<i>Y / (N)</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / (N)</i>	WTR
Surges	<i>Y / (N)</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / (N)</i>	GAS
Down to nothing	<i>(Y) / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>(Y) / N</i>	Type of Fluid
Gas or Oil	<i>Y / (N)</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / (N)</i>	Injected for
Water	<i>Y / (N)</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / (N)</i>	Waterflood if
					applies

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

T/A Status BHT-OK

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date: <i>1/27/2023</i>	Phone:	
Witness: <i>Babangida</i>		

INSTRUCTIONS ON BACK OF THIS FORM

PERFORMING BRADENHEAD TEST

General Procedure for Bradenhead Test

Identify: All valves prior to testing

Gauges: Install on each casing string to record pressure.

Assure: That all valves are in good working condition and closed at least 24 hours prior to testing.

Open: Each valve (Bradenhead, intermediate and casing valves) is to be opened separately.

Check Gauges: Record pressure on each gauge and casing string on BHT form. Open valves to atmosphere and record results on BHT form.

Designate what applies to the result of opening the valves for each string:

- | | |
|------------------------|-----------|
| • Blow or Puff | Yes or No |
| • Bled down to Nothing | Yes or No |
| • Steady Flow | Yes or No |
| • Oil or Gas | Yes or No |
| • Water | Yes or No |

Start: Injection or SWD pump so tubing pressure can be read.

In case of pressure:

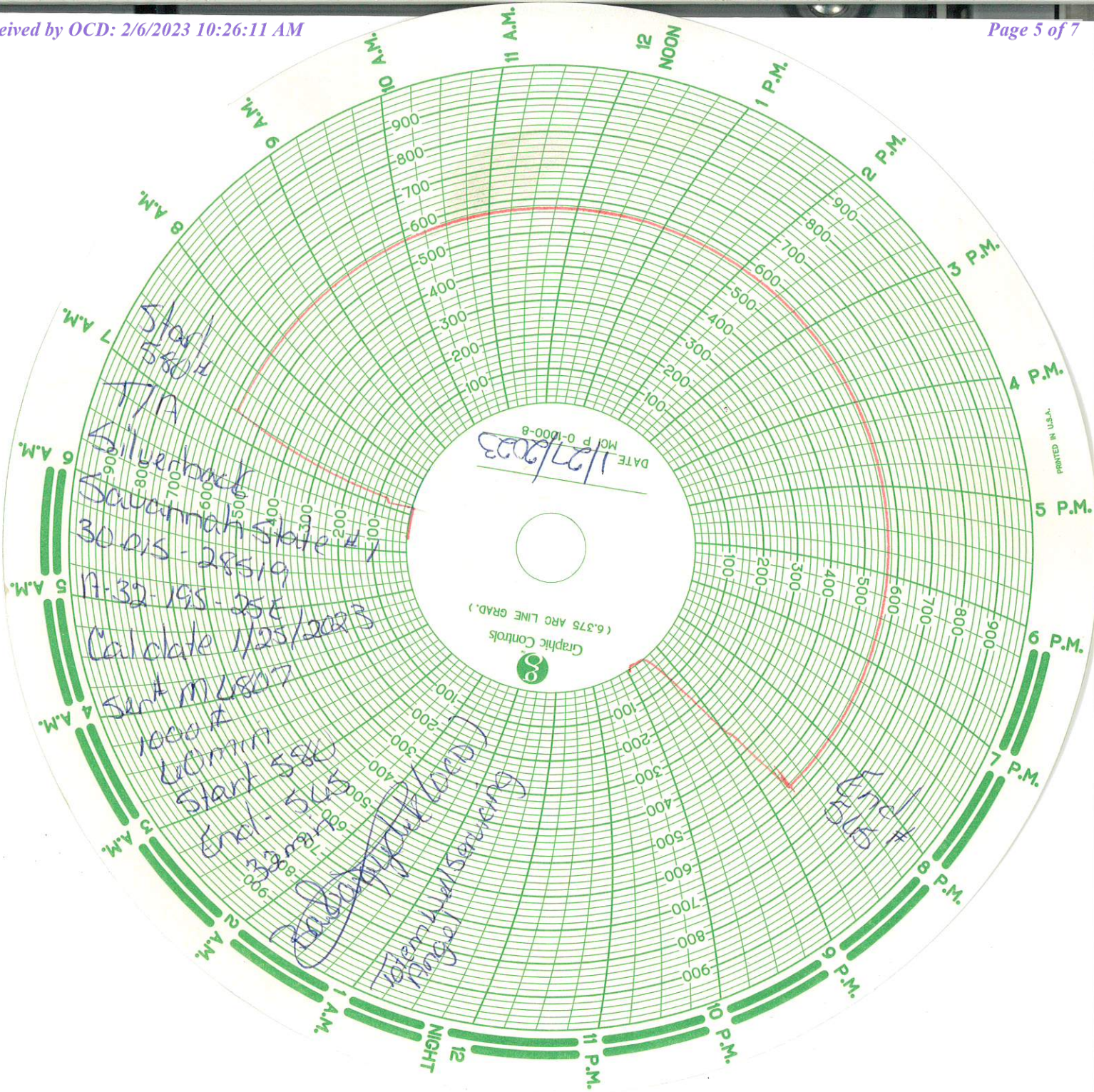
1. Record pressure reading on gauge.
2. Bleed and note time elapsed to bleed down.
3. Leave valve open for additional observation.
4. Note any fluids expelled.

In absence of Pressure:

1. Leave valve open for additional observation.
2. Note types of fluids expelled.
3. Note if fluids persist throughout test.

Note: Tubing pressure on injection or SWD wells.

Test will be signed by person performing test with a contact phone number.



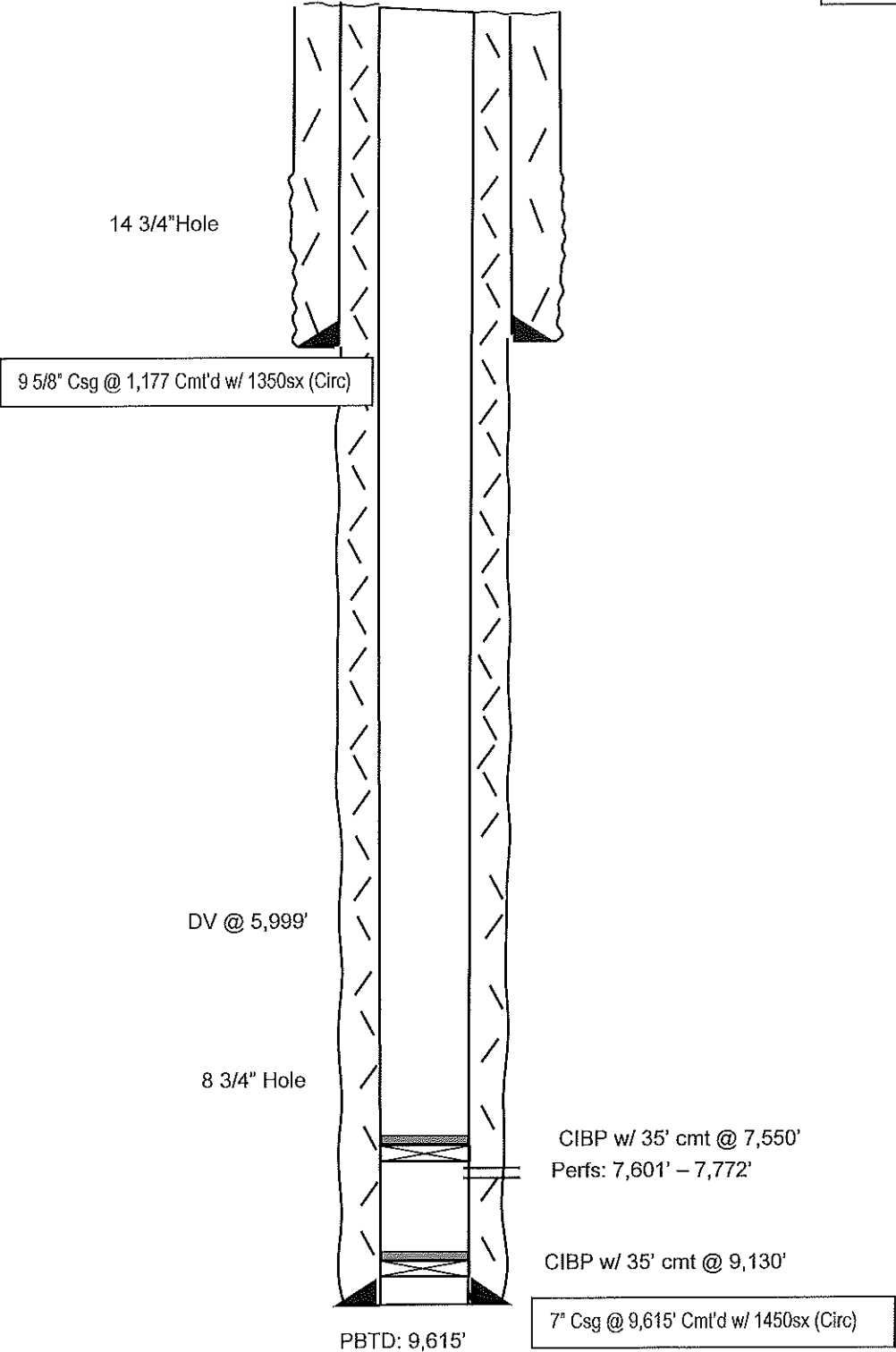
WELL NAME: Savannah State Com #1 FIELD: _____
LOCATION: 660' FNL & 660' FEL Sec. 32-19S-25E
GL: 3,502' ZERO: _____ KB: _____
COMMENTS: API No.: 30-015-28519

CASING PROGRAM

9 5/8" 36# K-55	1,177'
7" 25# L-80 & K-55	9,615'

TA After

TOPS	
San Andres	649'
Glorieta	2,250'
Bone Spring	5,750'
Wolfcamp	6,475'
Cisco	7,652'
Morrow	9,182'



Not to Scale
11/2/18
JE

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1625 N. French Dr., Hobbs, NM 88240
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811 S. First St., Artesia, NM 88210
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District IV
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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 182842

CONDITIONS

Operator: Silverback Operating II, LLC 19707 IH10 West, Suite 201 San Antonio, TX 78256	OGRID: 330968
	Action Number: 182842
	Action Type: [C-103] Sub. Temporary Abandonment (C-103U)

CONDITIONS

Created By	Condition	Condition Date
gcordero	None	3/10/2023