

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

|   |
|---|
| WELL API NO.<br>30-025-04605  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>Eunice Monument South Unit                                  |
| 8. Well Number 314  |
| 9. OGRID Number 330679  |
| 10. Pool name or Wildcat<br>Eunice Monument; Grayburg-San Andres                                    |

|  |  |
|--|--|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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: Injection  |  |
| 2. Name of Operator<br>Empire Petroleum Corporation  |  |
| 3. Address of Operator<br>2200 S. Utica Place, Suite 150, Tulsa, Oklahoma 74114  |  |
| 4. Well Location<br>Unit Letter <u>L</u> : <u>1980</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line<br>Section <u>11</u> Township <u>21S</u> Range <u>36E</u> NMPM Lea County |  |
| 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 <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input checked="" 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"/>    |   |   |  |
| CLOSED-LOOP SYSTEM <input type="checkbox"/>    |   |   |  |
| OTHER: <input 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 a wellbore diagram of proposed completion or recompletion.

- MIRU WOR.
- Released packer and scanned tubing OOH.
- RIH with bit and scraper to TD. Could not get into the liner.
- RIH w packer.
- Pressure tested casing @ 3672' – held.
- RIH with redressed packer and tubing and set pkr @ 3676'.
- Circulated packer fluid down the backside.
- Notified NMOCD of MIT.
- Performed MIT and submitted results to NMOCD - passed.
- RDMO on 09/06/2024.
- RTI.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

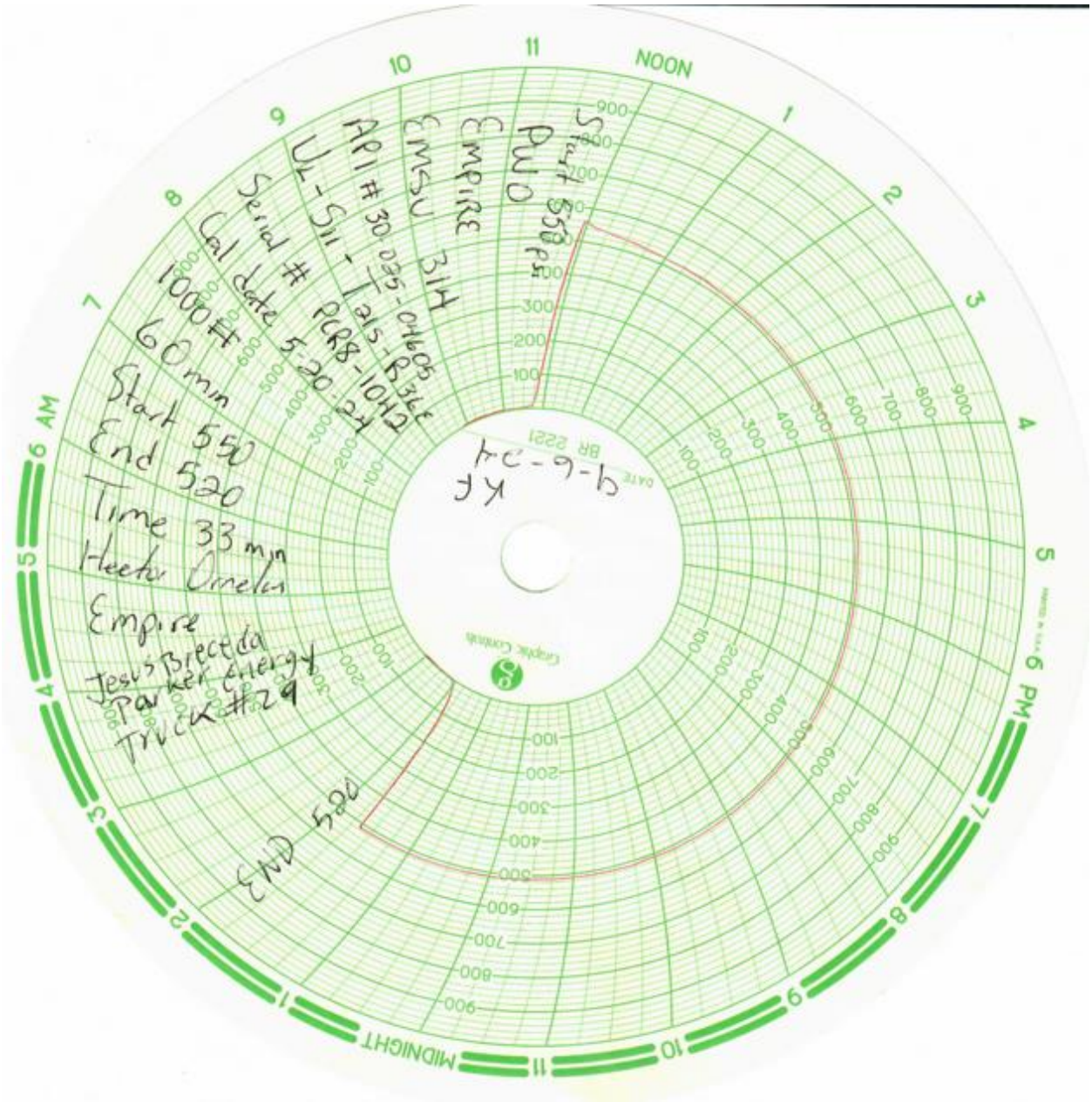
SIGNATURE Nathan Sandel TITLE Production Engineer DATE 09/09/2024

Type or print name Nathan Sandel E-mail address: nsandel@empirepetrocorp.com PHONE: 918-404-4202

**For State Use Only**

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 9/17/24

Conditions of Approval (if any):



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

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

BRADENHEAD TEST REPORT

|                                |                                   |
|--------------------------------|-----------------------------------|
| Operator Name<br><b>EMPIRE</b> | API Number<br><b>30-025-04605</b> |
| Property Name<br><b>EMSV</b>   | Well No.<br><b>314</b>            |

Surface Location

|                      |                      |                        |                     |           |          |           |          |                      |
|----------------------|----------------------|------------------------|---------------------|-----------|----------|-----------|----------|----------------------|
| UL - Lot<br><b>L</b> | Section<br><b>11</b> | Township<br><b>21S</b> | Range<br><b>36E</b> | Feet from | N/S Line | Feet From | E/W Line | County<br><b>LEA</b> |
|----------------------|----------------------|------------------------|---------------------|-----------|----------|-----------|----------|----------------------|

Well Status

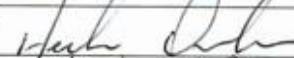
|                         |           |                       |           |                        |     |                        |     |                       |
|-------------------------|-----------|-----------------------|-----------|------------------------|-----|------------------------|-----|-----------------------|
| TA'D WELL<br><b>YES</b> | <b>NO</b> | SHUT-IN<br><b>YES</b> | <b>NO</b> | INJECTOR<br><b>INJ</b> | SWD | PRODUCER<br><b>OIL</b> | GAS | DATE<br><b>9-6-24</b> |
|-------------------------|-----------|-----------------------|-----------|------------------------|-----|------------------------|-----|-----------------------|

OBSERVED DATA

|                      | (A)Surface   | (B)Interm(1) | (C)Interm(2) | (D)Prod Casing | (E)Tubing                               |
|----------------------|--------------|--------------|--------------|----------------|---|
| Pressure             | <b>0</b>     |              |              | <b>0</b>       | <b>0</b>                                |
| Flow Characteristics |              |              |              |                |   |
| Puff                 | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b>   | CO2 <input type="checkbox"/>            |
| Steady Flow          | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b>   | WTR <input checked="" type="checkbox"/> |
| Surges               | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b>   | GAS <input type="checkbox"/>            |
| Down to nothing      | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b>   | Type of Fluid                           |
| Gas or Oil           | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b>   | Injected for                            |
| Water                | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b>   | Waterflood if                           |
|                      |              |              |              |                | applies.                                |

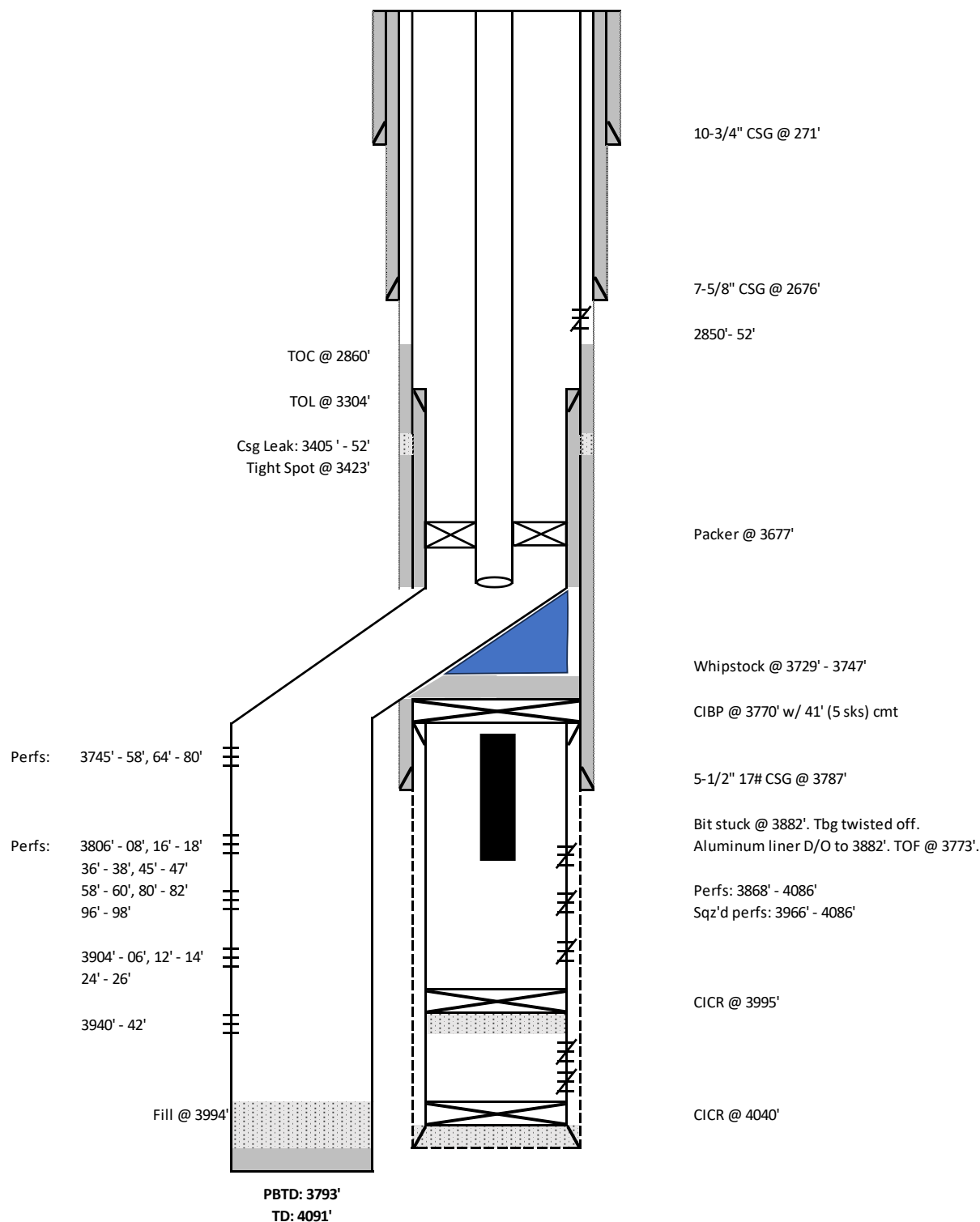
Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

**PWO**  
**MIT / BHT**

|  |                           |
|--|---------------------------|
| Signature:  | OIL CONSERVATION DIVISION |
| Printed name: <b>Hector Ornelas</b>  | Entered into RBDMS        |
| Title: <b>Consultant</b>   | Re-test                   |
| E-mail Address: <b>hector75ornelas@gmail.com</b>   |                           |
| Date: <b>9-6-24</b>  |                           |
| Phone: <b>575 942 4004</b>   |                           |
| Witness: <b>KF</b>   |                           |

INSTRUCTIONS ON BACK OF THIS FORM

## Current WBD



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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 381772

CONDITIONS

|  |  |
|--|--|
| Operator:<br>Empire New Mexico LLC<br>2200 S. Utica Place<br>Tulsa, OK 74114 | OGRID:<br>330679                               |
|  | Action Number:<br>381772                       |
|  | Action Type:<br>[C-103] Sub. Workover (C-103R) |

CONDITIONS

|            |           |                |
|------------|-----------|----------------|
| Created By | Condition | Condition Date |
| kfortner   | None      | 9/17/2024      |