

Santa Fe Main Office
Phone: (505) 476-3441
General Information
Phone: (505) 629-6116

State of New Mexico
Energy, Minerals and Natural Resources

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.)		WELL API NO.
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		6. State Oil & Gas Lease No.
3. Address of Operator		7. Lease Name or Unit Agreement Name
4. Well Location Unit Letter _____ : _____ feet from the _____ line and _____ feet from the _____ line Section _____ Township _____ Range _____ NMPM _____ County _____		8. Well Number
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number
		10. Pool name or Wildcat

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"/>			
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 wellbore diagram of proposed completion or recompletion.

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 Alicia Fulton TITLE _____ DATE _____

Type or print name _____ E-mail address: _____ PHONE: _____

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):



Hilcorp Energy Company

Post Office Box 61229
Houston, TX 77208-1229

1111 Travis St
Houston, TX 77002

Phone: 713/591-1244

June 2, 2025

Re: **NOI TO REPAIR WELLBORE**
NORTHEAST DRINKARD UNIT #503 (30-025-06473)

To whom it may concern:

Hilcorp recently filed a failed MIT for the above-mentioned well. A plan has been created to repair the wellbore and return the well to active status. This document includes the following information:

- Proposed Procedure
- Current WBD
- Proposed WBD

Should you have any questions, please feel free to contact me.

Angela Koliba
(713) 591-1244
Angela.Koliba@hilcorp.com

Sincerely,

A handwritten signature in blue ink that reads "Angela M. Koliba".

Angela M. Koliba
Sr. Operations/Regulatory Tech – Permian West
Hilcorp Energy Company

PROPOSED PROCEDURE TO REPAIR

NORTHEAST DRINKARD UNIT #503 (30-025-06473)

1. MIRU
2. ND WELLHEAD. NU BOPD. RELEASE PACKER. TEST BOP.
3. PULL TUBING OUT OF THE HOLE WHILE SCANNING. ENSURE THAT THE SCANNER IS CALIBRATED FOR LINED TUBING. LAY DOWN ALL RED BAND AND GREEN BAND JOINTS.
4. PICK UP AND RUN IN THE HOLE WITH A PACKER AND RBP. SET RBP AT LEAST 500' ABOVE TOP PERFS. SET PACKER. LOAD AND TEST CASING TO 550 PSI.
5. PULL OUT OF THE HOLE WITH TOOLS AND RUN BACK IN THE HOLE WITH A BIT AND BAILER. CLEAN OUT THE WELLBORE TO THE PBSD. PULL OUT OF THE HOLE AND LAY DOWN ALL TOOLS.
6. PICK UP WORK STRING AND RUN IN HOLE WITH AN INJECTION PACKER WITH PUMP OUT PLUG. SET PACKER WITHIN 100' OF TOP PERFORATIONS.
7. LOAD AND TEST CASING TO 550 PSI FOR 30 MINUTES. PULL OUT OF THE HOLE AND LAY DOWN WORK STRING.
8. RIG UP TUBING TESTERS AND TEST INJECTION TUBING WHILE RUNNING IN THE HOLE. CIRCULATE PACKER FLUID. LATCH ONTO PACKER. PUMP OUT PLUG.
9. CONTACT NMOCD WITH AT LEAST 24 HOURS NOTICE, TO SCHEDULE MIT TEST. RUN MIT AT 550 PSI FOR 30 MINUTES AND SUBMIT PASSING TEST AS SOON AS POSSIBLE.
10. RDMO



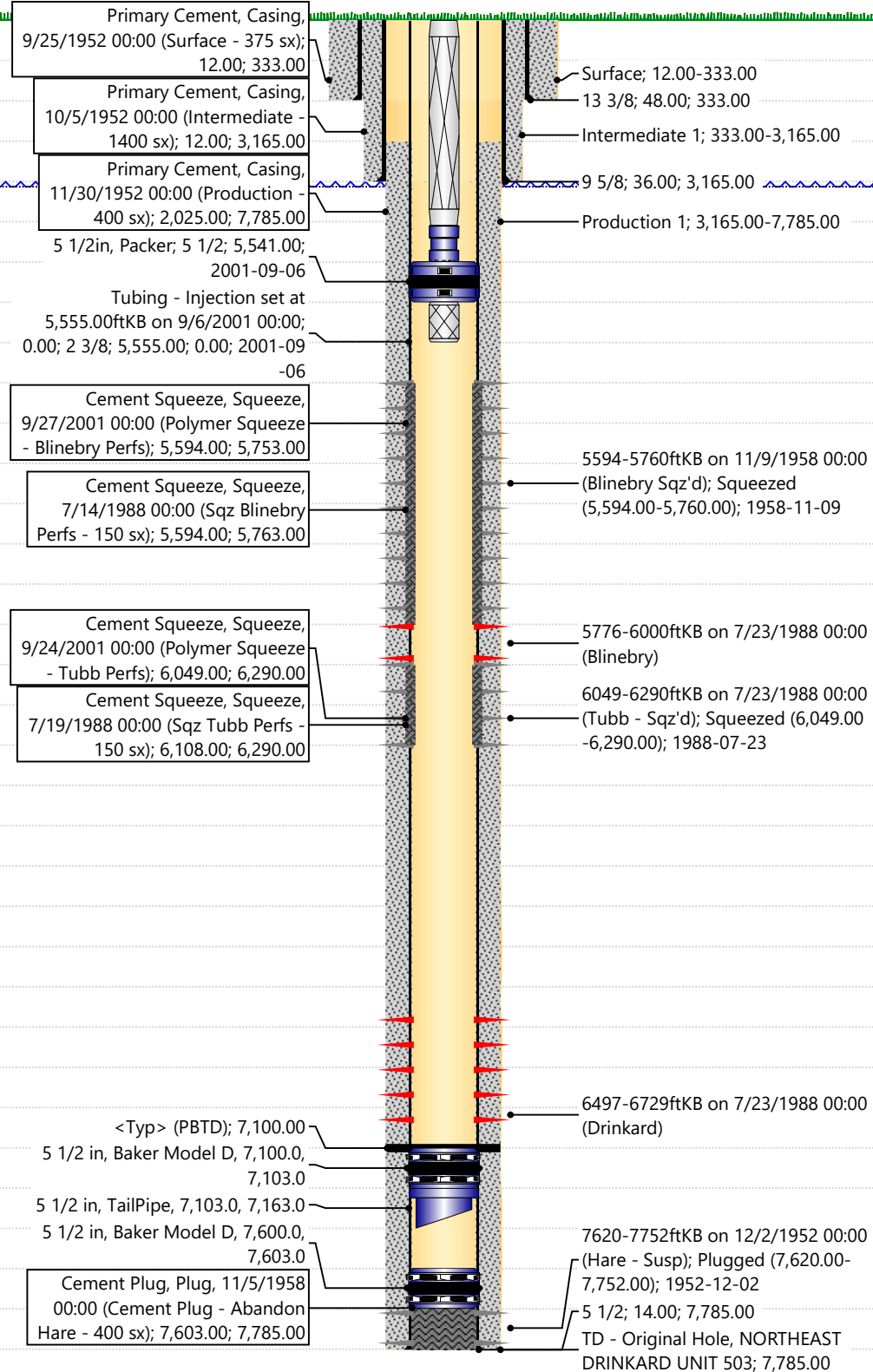
CURRENT WBD

Well Name: **NORTHEAST DRINKARD UNIT 503W**

API / UWI 3002506473	Surface Legal Location 2080' FSL, 2080' FWL, Unit K, Sec 10, T-...	Field Name Eunice	Route	State/Province NEW MEXICO	Well Configuration Type Vertical
Ground Elevation (ft) 3,452.00	Original KB/RT Elevation (ft) 3,464.00	Tubing Hanger Elevation (ft)	RKB to GL (ft) 12.00	KB-Casing Flange Distance (ft)	KB-Tubing Hanger Distance (ft)

Original Hole, NORTHEAST DRINKARD UNIT 503 [Vertical]

Vertical schematic (actual)



GLV Design

Top (ftKB)	SGP - Open (psi)	SGP - Close (psi)	Port Size (in)	Com

Validation Sign Off

Type	Date	Name

Screen Details

Item Des	OD Nominal (in)	Btm (ftKB)



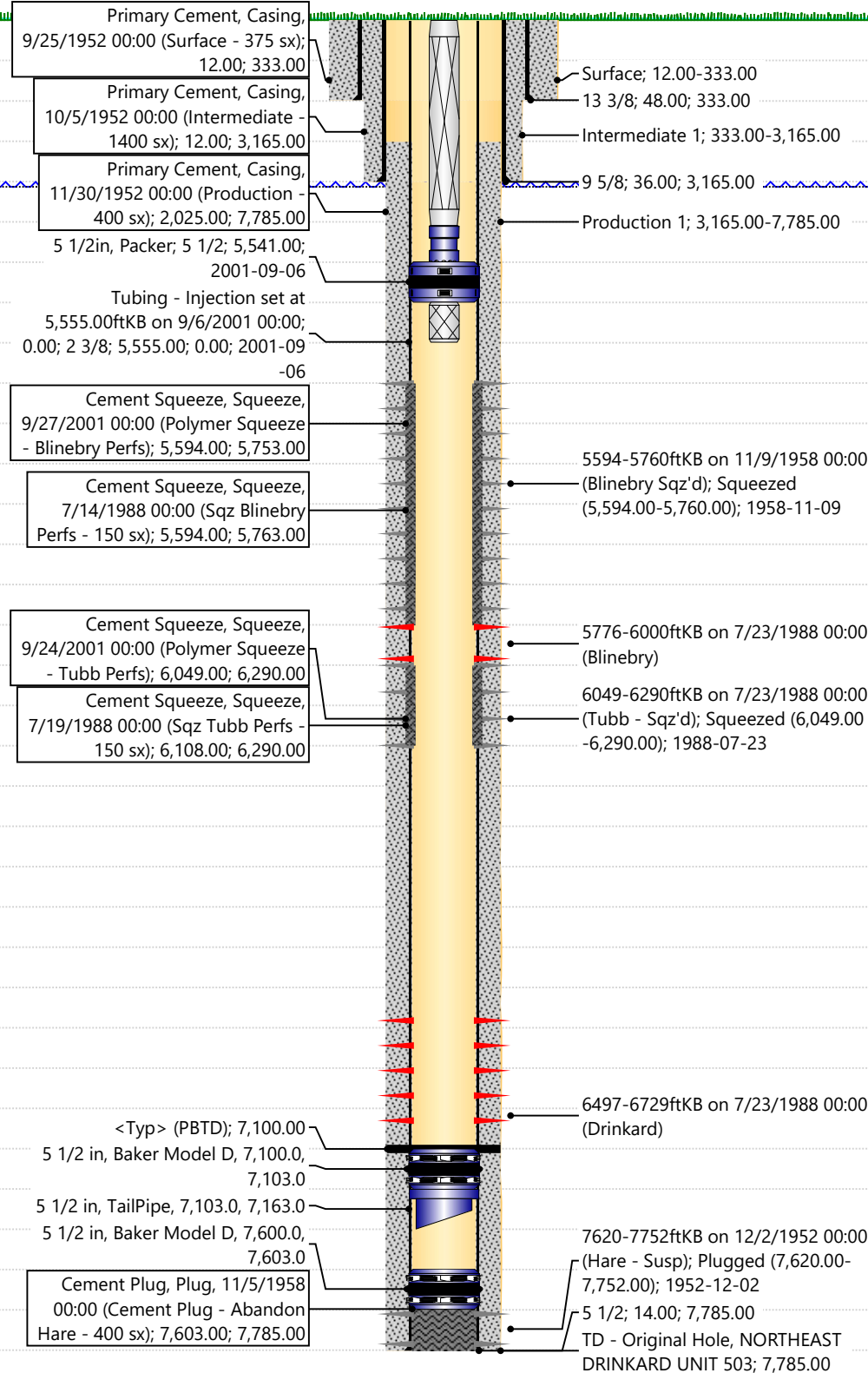
PROPOSED WBD

Well Name: **NORTHEAST DRINKARD UNIT 503W**

API / UWI 3002506473	Surface Legal Location 2080' FSL, 2080' FWL, Unit K, Sec 10, T...	Field Name Eunice	Route	State/Province NEW MEXICO	Well Configuration Type Vertical
Ground Elevation (ft) 3,452.00	Original KB/RT Elevation (ft) 3,464.00	Tubing Hanger Elevation (ft)	RKB to GL (ft) 12.00	KB-Casing Flange Distance (ft)	KB-Tubing Hanger Distance (ft)

Original Hole, NORTHEAST DRINKARD UNIT 503 [Vertical]

Vertical schematic (actual)



GLV Design

Top (ftKB)	SGP - Open (psi)	SGP - Close (psi)	Port Size (in)	Com

Validation Sign Off

Type	Date	Name

Screen Details

Item Des	OD Nominal (in)	Btm (ftKB)

Sante Fe Main Office
Phone: (505) 476-3441

General Information
Phone: (505) 629-6116

Online Phone Directory
<https://www.emnrd.nm.gov/ocd/contact-us>

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

CONDITIONS

Action 470090

CONDITIONS

Operator: APACHE CORPORATION 303 Veterans Airpark Ln Midland, TX 79705	OGRID: 873
	Action Number: 470090
	Action Type: [C-103] NOI Workover (C-103G)

CONDITIONS

Created By	Condition	Condition Date
anthony.harris	Post workover MIT required with OCD witness	2/24/2026
anthony.harris	No Tubing upsize permitted	2/24/2026