

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

NMOCD Rec'd: 10/06/2020

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.	30-015-36381
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	303271
7. Lease Name or Unit Agreement Name	PINNACLE STATE
8. Well Number	021
9. OGRID Number	246289
10. Pool name or Wildcat	CULEBRA BLUFF; BONE SPRING, SOUTH
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3,090' GR

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator	WPX Energy Permian, LLC
3. Address of Operator	3500 ONE WILLIAMS CENTER MD 35 TULSA, OK 74172
4. Well Location Unit Letter L : 1330 feet from the SOUTH line and 1145 feet from the WEST line Section 36 Township 22S Range 28E NMPM EDDY County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,090' GR	

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 checked="" type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <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.

09/28/20 MIRU plugging equipment. POH w/ rods, no pump. ND WH, NU BOP.
09/29/20 POH w/ tbq. RIH and set 5 1/2 CIBP @ 4800'. Circulated hole w/ MLF. Spotted 25 sx class C @ 4800-4553. WOC. Tagged plug @ 4560'. POH with tbq.
09/30/20 Perf'd 5 1/2 csg @ 2550'. Pressured up on perfs to 600 psi. Spotted 30 sx class C @ 2600-2297. WOC. Tagged plug @ 2345'. Perf'd 5 1/2 csg. @ 510'. Pressured up on perfs to 500 psi. Perf'd 5 1/2 csg @ 200'. Pressured up on perfs to 600 psi. Spotted 60 sx class C @ 560'-surface. RDMO.
10/02/20 Moved in welder and backhoe. Dug out well head and anchors. Removed anchors and welded on "Above Ground Dry Hole Marker". Backfilled cellar and cleaned location. Moved off.

Approved for plugging of well bore only. Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OGD Web Page under Forms, www.emnrd.state.nm.us

Spud Date:

12/07/2008

Rig Release Date:

01/24/2009

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

SIGNATURE Caitlin O'Hair TITLE Regulatory Tech III DATE 10/06/2020

Type or print name Caitlin O'Hair E-mail address: caitlin.ohair@wpxenergy.com PHONE: 539-573-3527

For State Use Only

APPROVED BY: [Signature] TITLE Staff Manager DATE 10/23/2020

Conditions of Approval (if any):