

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

REC'D NMOCD
11/19/2020

Form C-103
Revised July 18, 2013

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

| |
|---|
| WELL API NO. 30-015-45643 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name COLLIE 35-34-22-27 FEE |
| 8. Well Number 401H |
| 9. OGRID Number 246289 |
| 10. Pool name or Wildcat PURPLE SAGE, WOLFCAMP (GAS) |

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| 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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other | |
| 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 <u>A</u> : <u>1371</u> feet from the <u>NORTH</u> line and <u>329</u> feet from the <u>EAST</u> line Section <u>35</u> Township <u>22S</u> Range <u>27E</u> NMPM County <u>EDDY</u> | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3105 RKB | |

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: SPUD & SURFACE CASING/CEMENT JOB <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.

WELL SPUDDED ON 10/21/2020 AND THE SURFACE CASING/CEMENT JOB DETAILS ARE AS FOLLOWS:

DEPTH OF 17 1/2" SURFACE HOLE @ 466'
DEPTH OF 13 3/8" SURFACE CASING @ 460'
CSG WT = 54.5#, GRADE = J-55 RAN 10/21/2020
5 CENTRALIZERS USED
505 SX 14.8 PPG TAIL CLASS C; TOP OF CEMENT @ SURFACE
37 BBLS TO SURFACE (NO LOSSES); CASING TEST = 1500 FOR 30 MINUTES

PLEASE ACCEPT MY APOLOGIES FOR THE DELAYED REPORTING DUE TO ISSUES WITH THE ONLINE SYSTEM.

**** NMAC Rules: 19.15.7.11 & 19.15.7.14 C&D;
Within 10 days following the commencement of
drilling operations, the operator shall file a report
of casing and cement test within 10 days following
the setting of each string of casing or liner.**

Spud Date:

10/21/2020

Rig Release Date:

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

SIGNATURE  TITLE REGULATORY TECH II DATE 11/09/2020

Type or print name LORRI KLINE E-mail address: LORRI.KLINE@WPXENERGY.COM PHONE: 539-573-3518

For State Use Only

APPROVED BY:  TITLE Staff Manager DATE 12/1/2020

Conditions of Approval (if any):