

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

Form C-103
Revised August 1, 2011

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

| |
|---|
| WELL API NO. 30-015-24429 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name LOVING 1 STATE |
| 8. Well Number 2 |
| 9. OGRID Number 272295 |
| 10. Pool name or Wildcat WILDCAT; BONE SPRING |

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 ☒ Gas Well ☐ Other

2. Name of Operator

THREE RIVERS OPERATING COMPANY, LLC

3. Address of Operator

1122 S. CAPITAL OF TX HWY., #325, AUSTIN, TX 78746

4. Well Location

Unit Letter **N** : **990** feet from the **SOUTH** line and **2110** feet from the **WEST** line
Section **01** Township **24S** Range **27E** NMPM County **EDDY**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3128 GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☒
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

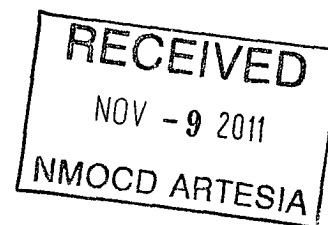
OTHER: ☐

OTHER: ☐

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.

FILE ADDITIONAL C-103 TO REVISE PROCEDURE ORIGINALLY SUBMITTED ON 08/24/2011 WITH C-101 AND C-102 (APPROVED COPIES ATTACHED).

PLEASE SEE ATTACHED REVISED PROCEDURE TO RECOMPLETE IN THE BONE SPRING.



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 TITLE **OPERATIONS ENGINEER** DATE **11/02/2011**

Type or print name **TOM STRATTON** E-mail address: **tstratton@3rn.com** PHONE: **512-706-9849**

For State Use Only

APPROVED BY: TITLE **Geologist** DATE **NOV 15 2011**

Conditions of Approval (if any):



October 21, 2011

LOVING 1 STATE 2 (REVISED)

API # 30-015-24429

SEC 1-24S-27E

BLACK RIVER EAST FIELD

EDDY COUNTY, TX

WELL IS CURRENTLY TA'D WITH A CIBP SET @ 10,260'; PBTD IS 10,220'

RECOMMENDATION: RECOMPLETE WELL IN BONE SPRINGS AS FOLLOWS:

2ND BS 8270-8336'

2ND BS 7562-7710'

1ST BS 6920-7097'

2ND AVALON 6432-6582'

1ST AVALON 6022-6120'

(ALL PERFS 2 SPF)

WELLBORE:

13-3/8" H40 48# @ 567' W 530 SX; CMT CIRC

9-5/8" J55 36# @ 2255' W 960 SX; CMT CIRC

7" N80 26# @ 10,562' W 1357 SX; TOC 2200'

LINER - 4-1/2" P110 11.6# 10,228-12,840'

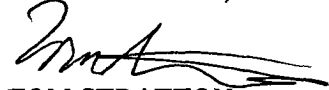
CIBP SET @ 10,200' W 35' CMT; PBTD 10,165'

PROCEDURE:

1. RIG UP WIRELINE; RIH W GAUGE RING & JUNK BASKET TO PBTD
2. SET CIBP @ 9500' (DUE TO RESULTS OF CSG INSP LOG)
3. PREPARE LOCATION; CHECK & TEST ANCHORS, SET TANKS AND EQUIPMENT
4. MIRU WORKOVER RIG
5. RUN 9500' +/- 4-1/2" L80 HC
6. CEMENT WITH 610 SX 50/50 POZ MIX WITH CLASS C; DISPLACE WITH FW; PLUG DOWN (EST TOC - 2200')
7. RUN GR-CBL FROM PBTD TO TOC
8. TEST CASING TO 5000#
9. PERF 2ND BONE SPRINGS: **8270-8336'** W 2 SPF; BREAK DOWN PERFS

10. ACIDIZE & FRAC PER FRAC STAGE 1, 119,000# 20/40 WHITE SAND; FLUSH WITH ACID SPOT
11. SET CFP @ 7900'; PRESSURE UP TO 3000#
12. PERF 2ND BONE SPRINGS: **7562 - 7710'** W 2 SPF; BREAK DOWN PERFS
13. ACIDIZE & FRAC PER FRAC STAGE 2, 165,000# 20/40 WHITE SAND; FLUSH WITH ACID SPOT
14. SET CFP @ 7200'; PRESSURE UP TO 3000#
15. PERF 1ST BONE SPRINGS: **6920 - 7097'**; BREAKDOWN PERFS
16. ACIDIZE & FRAC PER FRAC STAGE 3, 155,000# 20/40 WHITE SAND; FLUSH WITH ACID SPOT
17. SET CFP @ 6700'; PRESSURE UP TO 3000#
18. PERF AVALON: **6432 - 6585'** W 2 SPF; BREAK DOWN PERFS
19. ACIDIZE & FRAC PER FRAC STAGE 4, 165,000# 20/40 WHITE SAND; FLUSH WITH ACID SPOT
20. SET CFP @ 6300'; PRESSURE UP TO 3000#
21. PERF AVALON: **6022 - 6121'** W 2 SPF: BREAK DOWN PERFS
22. ACIDIZE & FRAC PER FRAC STAGE 5, 134,000# 20/40 WHITE SAND; NORMAL FLUSH
23. FLOW WELL BACK
24. RIG UP CT UNIT W/ 2" CT; DRILL OUT AND CIRCULATE EACH CFP
25. CLEAN OUT TO PBTD; CIRCULATE CLEAN; PULL CT, DISPLACE WITH N2
26. RIH WITH 2-3/8" TUBING WITH PKR & JET CAVITY
27. CIRCULATE WELL & DROP JET NOZZLE; SET TRIPLEX PUMP
28. RETURN WELL TO PRODUCTION BY JET PUMPING
29. RUN PRODUCTION LOG WHILE FLOWING
30. INSTALL PUMPING EQUIPMENT IF NECESSARY

RESPECTFULLY,



TOM STRATTON
OPERATIONS MANAGER

District I
1625 N. French Dr., Hobbs, NM 88240
Phone (575) 393-6161 Fax (575) 393-0720
District II
811 S. First St., Artesa, NM 88210
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District IV
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Phone (505) 476-3460 Fax (505) 476-3462

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

Form C-101
Revised August 1, 2011

Permit

AUG 26 2011

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

| | | |
|--|--|------------------------------|
| Operator Name and Address THREE RIVERS OPERATING COMPANY, LLC 1122 S. CAPITAL OF TX HWY, SUITE 325 AUSTIN, TX 78746 | | OGRID Number 272295 |
| Property Code 309223 | | API Number 30-015-24429 ✓ |
| Property Name LOVING 1 STATE ✓ | | Well No 2 ✓ |

Surface Location

| | | | | | | | | | |
|---------------|---------------|-----------------|--------------|---------|------------------|---------------|-------------------|---------------|------------------|
| UL - Lot N | Section 01 | Township 24S | Range 27E | Lot Idn | Feet from 990 | N/S Line S | Feet From 2110 | E/W Line W | County EDDY ✓ |
|---------------|---------------|-----------------|--------------|---------|------------------|---------------|-------------------|---------------|------------------|

Pool Information

| | | |
|----------------------------|------------------------------------|--------------|
| WILKAT; BONE SPRING | BLACK RIVER EAGLE FIELD | 96403 |
|----------------------------|------------------------------------|--------------|

Additional Well Information

| | | | | |
|-----------------------|--------------------------------|--|-------------------|-----------------------------------|
| Work Type P | Well Type OX | Cable/Rotary ROTARY | Lease Type S | Ground Level Elevation 3128 GR |
| Multiple NO | Proposed Depth 10,200' PBTD | Formation BONE SPRINGS | Contractor N/A | Spud Date 10/01/11 |
| Depth to Ground water | | Distance from nearest fresh water well | | Distance to nearest surface water |

Proposed Casing and Cement Program

| Type | Hole Size | Casing Size | Casing Weight/ft | Setting Depth | Sacks of Cement | Estimated TOC |
|------|-----------|-------------|------------------|-----------------|-----------------|---------------|
| H4 | 17 1/2" | 13 3/8" | 48 | 587' | 530 | 0 |
| J55 | 12 1/4" | 9 5/8" | 36 | 2,341' | 960 | 0 |
| N80 | 8 3/4" | 7" | 26 | 10,562' | 1,357 | 2,000 EST |
| P110 | 6 1/4" | 4 1/2" | 11.6 | 10,228 - 12,840 | 425 | 10,228' |

Casing/Cement Program: Additional Comments

| |
|--|
| |
|--|

Proposed Blowout Prevention Program

| | | | |
|-------------------|---------------------------|------------------------|---------------------|
| Type HYDRAULIC | Working Pressure 5000# | Test Pressure 5000# | Manufacturer N/A |
|-------------------|---------------------------|------------------------|---------------------|

| | | | |
|---|--------------------|--|--------------------------------|
| I hereby certify that the information given above is true and complete to the best of my knowledge and belief I further certify that the drilling pit will be constructed according to NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> , or an (attached) alternative OCD-approved plan <input type="checkbox"/> . | | OIL CONSERVATION DIVISION | |
| Printed name TOM STRATTON | | Approved By | |
| Title OPERATIONS ENGINEER | | Title Geologist | |
| E-mail Address tstratton@3rnr.com | | Approved Date 8/29/11 | Expiration Date 8/29/13 |
| Date 08/24/2011 | Phone 512-706-9849 | Conditions of Approval Attached *MULTI FILE C-184 PERMIT TO RIGGING UP & RE-ENTERING WELL | |

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State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

| | | | |
|---|---|---------------------------------|---|
| ¹ API Number 30-015-24429 | | ² Pool Code 96403 | ³ Pool Name WILDCAT, POHE BLACK RIVER EAST FIELD |
| ⁴ Property Code | ⁵ Property Name LOVING 1 STATE | | ⁶ Well Number 2 |
| ⁷ OGRID No. 272295 | ⁸ Operator Name THREE RIVERS OPERATING COMPANY, LLC | | ⁹ Elevation 3128 GR |

¹⁰ Surface Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| N | 01 | 24S | 27E | | 990 | N | 2110 | W | EDDY |

¹¹ Bottom Hole Location If Different From Surface

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| | | | | | | | | | |

| | | | |
|-------------------------------------|-------------------------------|----------------------------------|-------------------------|
| ¹² Dedicated Acres 40 | ¹³ Joint or Infill | ¹⁴ Consolidation Code | ¹⁵ Order No. |
|-------------------------------------|-------------------------------|----------------------------------|-------------------------|

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

| | | |
|--|--|-----------------|
| ¹⁶ | ¹⁷ OPERATOR CERTIFICATION | |
| | I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division | |
| | Signature TOM STRATTON | Date 8/25/14 |
| | Printed Name tstratton@3rnr.com E-mail Address | |
| ¹⁸ SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. | Date of Survey | |
| | Signature and Seal of Professional Surveyor | |
| | Certificate Number | |
| | | |