

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 July 18, 2013

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

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|---|
| WELL API NO.<br>30-015-31844  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>TRUE GRIT 9 SWD   |
| 8. Well Number #1   |
| 9. OGRID Number<br>308339   |
| 10. Pool name or Wildcat SWD - CISCO  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3584' 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  Gas Well  Other SWD

2. Name of Operator  
OWL SWD Operating L.L.C.

3. Address of Operator  
8214 Westchester Drive, Ste 850, Dallas, TX 75255

4. Well Location  
Unit Letter K: 1650 feet from the SOUTH line and 1780 feet from the WEST line  
Section 9 Township 22 S Range 25 E NMPM County EDDY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3584' GR

**DENIED**

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

|   |   |
|---|---|
| <p><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>CLOSED-LOOP SYSTEM <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p> | <p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: CSG/TBG MIT OF INJ WELL <input checked="" type="checkbox"/></p> |
|---|---|

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.

Installed CIBP @ 8825' with 35" cement dumped on top of plug. Perforated injection zone f/8308'-8760'. Ran packer & 3-1/2" injection tbg. Set packer @ 8210'. Treated perms w/3200 gals 15% NEFE HCL acid. Performed step rate injection test down injection tbg: Step 1- 12 bpm @ 107 psi; Step 2 - 14 bpm @ 827 psi; Step 3 - 15.5 bpm (22,320 bpd) @ 1166 psi. (MASP 1658 psi). Performed MIT on 3-1/2" annulus on 12-14-15 - 550 psi for 30 minutes. (Pressure chart is attached.) OK - no drop-off. (NMOCE notified 24 hrs prior on 12-13-15 but did not witness.). All completion work finished on 12/14/15 & well was turned over to OPS group for injection hook-up to begin injection.

INITIAL TEST NOT WITNESSED - NOT ACCEPTED. CONTACT THE OGD TO SET UP TEST. RE NMOCE 1/27/16

**NM OIL CONSERVATION**  
 ARTESIA DISTRICT  
 JAN 26 2016  
 RECEIVED

Spud Date:  Rig Release Date: 12/14/15

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

SIGNATURE Jim Ward TITLE CONSULTING ENGINEER - AGENT FOR OGD DATE 12/21/15  
 Type or print name JIM WARD E-mail address: jim@wtrop.com PHONE: 432-425-3760  
**For State Use Only**

APPROVED BY: DENIED TITLE DENIED DATE \_\_\_\_\_  
 Conditions of Approval (if any):