

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-005-64314
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Marshall & Winston, Inc.		6. State Oil & Gas Lease No.
3. Address of Operator P. O. Box 50880, Midland, TX 79710-0880		7. Lease Name or Unit Agreement Name Moonshot
4. Well Location Unit Letter <u>K</u> : <u>2112</u> feet from the <u>South</u> line and <u>2467</u> feet from the <u>West</u> line Section <u>26</u> Township <u>07S</u> Range <u>28E</u> NMPM County <u>Chaves</u>		8. Well Number <u>001</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4068' GR		9. OGRID Number <u>14187</u>
		10. Pool name or Wildcat Elkins; Fusselman, South

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 checked="" type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" 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.

07/23/18 Spud @ 9 AM. Drill to 406'. Ran 10 jts 13 3/8" 48# J55 8rd csg. Set csg @ 406.30'.

07/24/18 Depth 406'. Cmdt csg w/ 421 sx CI C PF-001 2% BWOB CC Yld 1.34. PD @ 7:48 AM. Circ 58 bbls cmt to surf. WOC 20 hrs. NU BOP's - good test. Tst csg to 600#/30 mins. Resume drlg.

07/28/18 Depth 2848'. Ran 69 jts 8 5/8" 32# J55 8rd csg. Set csg @ 2848'. Cmdt csg lead w/ 440 sx CI C + 4% PF20 through (Bentonite Gel) + 2% PF1 (CaCl) + .125 pps PF29 (CF) + 3 pps PF42 (Kolseal) + .4 pps PF45 (Defoamer). Cmdt 07/30/18 tail w/ 200 sx C Neat. PD @ 5:24 PM. Circ 10 bbls cmt back to surf. WOC 18 hrs. NU BOP's - good test. Test csg to 1600#/30 mins. Resume drlg.

Spud Date:

07/23/18

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 Manager

DATE 08/02/18

Type or print name Todd Passmore

E-mail address: tpassmore@mar-win.com PHONE: 432-684-6373

For State Use Only

APPROVED BY:

TITLE

Business Ops Sr A

DATE 8-2-2018

Conditions of Approval (if any):