

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. 30-015-44866
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD -1689		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator DELAWARE ENERGY, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 405 N. MARIENFELD, SUITE 200, MIDLAND, TX 79701		7. Lease Name or Unit Agreement Name JOHELEN SWD
4. Well Location Unit Letter <u>N</u> : <u>975</u> feet from the <u>SOUTH</u> line and <u>2,373</u> feet from the <u>WEST</u> line Section <u>12</u> Township <u>26 S</u> Range <u>26 E</u> NMPM <u>EDDY</u> County		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,245'		9. OGRID Number 371195
		10. Pool name or Wildcat

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

5.5" X 5" INJECTION STRING AND PACKER SET @ 13,275'

10.12.18 - RAN MIT TEST. GILBERT CORDERO OF THE NMOCD WITNESSED

2.4.2019 - BEGAN INJECTION  
9000 BPD @ 500 PSI

RECEIVED

MAR 25 2019

DISTRICT II-ARTESIA O.C.D.

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 Sarah Presley TITLE Operations Manager DATE 3-22-2019  
Type or print name Sarah Presley E-mail address: S.presley@delawareenergy.com PHONE: 432-685-7005  
**For State Use Only**  
APPROVED BY: [Signature] TITLE Compliance Officer DATE 4-24-19  
Conditions of Approval (if any):