· · ·						
Submit 1 Copy To Appropriate District Office	State of New Me				Form C-103	
District I – (575) 393-6161 Energy, Minerals and Natural Resources				WELL API NO. 30	Revised July 18, 2013	Ţ
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION			DN -	5. Indicate Type of Le	ease	-
District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505				STATE 6. State Oil & Gas Lea	FEE	_
1220 S. St. Francis Dr., Santa Fe, NM 87505	,			3167		
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.)				7. Lease Name or Unit	0	
				PIT S		_
1. Type of Well: Oil Well Gas Well Other SALT WATER DISPOSAL 2. Name of Operator MIDX F D Image: Control of				 Well Number OGRID Number 	001	_
wPX Energy Permian, LLC					246289	_
3. Address of Operator 3500 ONE WILLIAMS CENTER MD 35 TULSA, OK 74172				 Pool name or Wild SWD; BELL CANYON 		1
4. Well Location	832	TH	. 19	980 fact from the	WEST I	1
Unit Letter : Section 04	reet from the	inge 27	anu	feet from the NMPM EDDY Con		
	11. Elevation (Show whether DR, 3,142)		GR, etc.)			
						<u>.</u>
12. Check Aj	ppropriate Box to Indicate Na	ature of N	lotice, R	eport or Other Data	а	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIA COMMEN		_	ERING CASING	
PULL OR ALTER CASING		CASING/C			_	
DOWNHOLE COMMINGLE						
OTHER:	ted operations. (Clearly state all p	OTHER:	IVII I	nive nortinent dates in	aluding actimated date	
	k). SEE RULE 19.15.7.14 NMAC					C
lease see the attached for a	copy of the passed Mecha	anical Inte	egrity T	est performed on	02/07/2020.	
his well was tested to fulfill th	e requirement to assure n	nechanic	al integ	rity once every fiv	/e years.	
/itnessed by NMOCD compli	ance Officer Dan Smolik.					
······································					RECEIVED	
					FEB 2 0 2020	
				EAAN	RD-OCDAR	
Spud Date: 05/21/20)14 Rig Release Da	ite:	07/1	0/2014	NO-OUAN	
			0171	0/2011		
I hereby certify that the information a	hove is true and complete to the be	est of my kn	nowledge	and belief.	-	_
	s. F					
SIGNATURE		ulatory	Tech	IIIDATE_)2/14/2020	_
Type or print name Caitlin O'H	air E-mail address	caitlin.of	hair@wpx	energy.com PHONE	02/14/2020 3: 539-573-3527	
For State Use Only	1					-
APPROVED BY: Den Inc	TITLE_Con	plices	ce O	Ace DATE	2-21-20	-
Conditions of Approval (if any):		-				

State of New Mexico Energy, Minerals and Natural Resources Department

Michelle Lujan Grisham Governor

Sarah Cottrell Propst Cabinet Secretary

Todd E. Leahy, JD, PhD Deputy Secretary Adrienne Sandoval, Division Director Oil Conservation Division



Date:

30-015-2 API#

A Mechanical Integrity Test (M.I.T.) was performed on, Well

M.I.T. is successful, the original chart has been retained by the Operator on site. Send a legible scan of the chart with an attached Original C-103 Form indicating reason for the test, via post mail to District NMOCD field office. A scanned image will appear online via NMOCD website, www.emnrd.state.nm.us/ocd/OCDOnline.htm 7 to 10 days after postdating.

_____ M.I.T. is unsuccessful, the original chart is returned to the Operator. Repairs will be made; Operator is to schedule for a re-test within a 90-day period. If this is a test of a repaired well currently in non-compliance, all dates and requirements of the original are still in effect. No expectation of extension should be construed because of this test.

_____M.I.T. for Temporary Abandonment, shall include a detailed description on Form C-103, including the location of the CIBP and any other tubular goods in the well including the Operator's request for TA status timeline.

_____M.I.T. is successful, after the secondary request of a scheduled M.I.T. is performed. Therefore, Operator has within a 30-day period from the M.I.T. to submit a current C-103 along with a legible scan of the Chart, including a detailed description of the repair(s). Only compliance be closed.

M.I.T. is successful, Initial of an injection well, you must submit a form C-103 to NMOCD within 30 days. A C-103 form must include a detailed description of the work performed on this well Including the position of the packer, tubing Information, the date of first Injection, the tubing pressure and Injection volume.

Please contact me for verification to ensure documentation requirements are in place prior to injection process.

If I can be of additional assistance, please feel free to contact me at (575) 748-1283 ext.103

Thank You.

Dan Smolik, Compliance Officer EMNRD-O.C.D. District II – Artesia, NM



