Submit 1 Copy To Appropriate District Office		State of New Mexico Energy, Minerals and Natural Resources				Form C-103		
	Dr., Hobbs, NM 88240	Energy, N	vilnerals and Nat	urai Resources		WELL API NO. 30	Revised July 18, 2013 0-015-21064	
011 B. 1 115t Bt., 1 11tt G0210			NSERVATION DIVISION 0 South St. Francis Dr.			5. Indicate Type of I	Lease	
1000 Rio Brazos Rd. Aztec. NM 97410			Santa Fe, NM 87505			STATE 6. State Oil & Gas L	FEE asse No.	
1220 S. St. Fran 87505	ncis Dr., Santa Fe, NM						6696	
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 Ui	nit Agreement Name L SWD	
1. Type of Well: Oil Well Gas Well Other SALT WATER DISPOSA						8. Well Number	001	
2. Name of Operator WPX Energy Permian, LLC						9. OGRID Number	246289	
3. Address of Operator <sub>3500 ONE</sub> WILLIAMS CENTER MD 35 TULSA, OK 74172						10. Pool name or Wi SWD; BELL CANYO	Idcat N-CHERRY CANYON	
1	t Letter		from the SOU	line and _		840 feet from the		
Sec	tion 03		nship 23S R (Show whether DI	tange 27E R, <i>RKB</i> , <i>RT</i> , <i>GR</i> , o	etc.)		ounty	
and the second				3 GR			and the second	
	12. Check	Appropriate B	ox to Indicate N	Nature of Notic	ce, ]	Report or Other Da	ıta	
	NOTICE OF I			1		SEQUENT REPO		
	REMEDIAL WORK 🗌 ILY ABANDON 👚	PLUG AND AI CHANGE PLA	<del></del>	REMEDIAL W	1	·	TERING CASING  AND A	
	TER CASING COMMINGLE	'	OMPL	CASING/CEM	ENT	T JOB		
CLOSED-LO	OOP SYSTEM			OTHER: MI	т			
				pertinent details,	and		ncluding estimated date	
	arting any proposed wo osed completion or re		E 19.15.7.14 NMA	C. For Multiple	Con	npletions: Attach well	bore diagram of	
Please see the attached for a copy of the passed Mechanical Integ						Test performed o	n 02/07/2020.	
This well wa	s tested to fulfill	the requirem	ent to assure	mechanical i	nte	grity once every f	ive years.	
Vitnessed by NMOCD compliance Officer Dan Smolik.							•	
							RECEIVED	
•							FEB 2 0 2020	
Spud Date:	02/01/	1974	Rig Release D	Pate: 04	1/2	26/1974 EMN	RD-OCD ARTES	
				L			I	
I hereby certif	fy that the information	above is true and	d complete to the l	pest of my knowl	edge	and belief.		
SIGNATURE	Lawh OI	m	<sub>TITLE</sub> Reg	gulatory Te	ch	I III DATE	02/14/2020	
Type or print		Hair	E-mail addres	caitlin.ohair@	@wp	oxenergy.com PHON	<sub>JE:</sub> 539-573-3527	
For State Use	e Only							
APPROVED Conditions of	BY: De Am/ Approval (if any):		TITLE_ <i>Cor</i>	npliance	_0	DATE DATE	2-21-20	

## State of New Mexico Energy, Minerals and Natural Resources Department

Michelle Lujan Grisham Governor

Sarah Cottrell Propst **Cabinet Secretary** 

Todd E. Leahy, JD. PhD.

EMNRD-O.C.D.

District II - Artesia, NM

Adrienne Sandoval, Division Director Oil Conservation Division



Deputy Secretary	MSERVATION ON
	2-7,20
API# <u>30</u>	-015-21064
A Mechanical Integrity Test (M.I.T.) was performed on, Well Col	nal swo # 1
M.I.T. is successful, the original chart has been retained by the Coscan of the chart with an attached <b>Original C-103 Form</b> indicating red District NMOCD field office. A scanned image will appear online via Nawww.emnrd.state.nm.us/ocd/OCDOnllne.htm 7 to 10 days after posted	perator on site. Send a <b>legible</b> ason for the test, via post mail to IMOCD website,
M.I.T. is unsuccessful, the original chart is returned to the Open Operator is to schedule for a re-test within a 90-day period. If this is non-compliance, all dates and requirements of the original are still in No expectation of extension should be construed because of this	a test of a repaired well currently in a effect.
M.I.T. <b>for Temporary Abandonment</b> , shall include a detailed of the location of the CIBP and any other tubular goods in the well include status timeline.	
M.I.T. is successful, after the secondary request of a schedule Operator has within a 30-day period from the M.I.T. to submit a currenthe Chart, including a detailed description of the repair(s). <i>Only after compliance be closed.</i>	nt C <sub>1</sub> 103 along with a legible scan of
M.I.T. <b>is successful</b> , Initial of an injection well, you must submit 30 days. A <b>C-103 form</b> must include a detailed description of the wo the position of the packer, tubing Information, the date of first Injection volume.	rk performed on this well Including
Please contact me for verification to ensure documentation requirer process.	ments are in place prior to injection
If I can be of additional assistance, please feel free to contact me	e at (575) 748-1283 ext.103
Thank You,	
Dan Smolik, Compliance Officer	J



