

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

WELL API NO. 30-015-32804
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-9739
7. Lease Name or Unit Agreement Name Southwest Turkey Track 11 State
8. Well Number 1
9. OGRID Number 224400
10. Pool name or Wildcat Turkey Track, Morrow

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

2. Name of Operator

Edge Petroleum Operating Company, Inc.

3. Address of Operator

1301 Travis Suite 2000 Houston, TX 77002

4. Well Location

Unit Letter L : 1830 feet from the South line and 660 feet from the West line

Section 11 Township 19S Range 29E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3388' GL

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water

Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ P AND A ☐

CASING/CEMENT JOB ☐

OTHER: Re- Completion ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Strawn Re-Completion Cont.:

7-19-2007 RD BHP recorder, RU wellhead w/ high press. hose & put on w/ 1800#, put back on line, flowed for 16 hrs.

7-20-2007 to 7-22-2007 RU swab unit to kick off, swabbed down to 8400', tbg. still not flowing. SI tbg. for build up.

7-23-2007 Open tbg. w/ 870# on 12/64 choke, take oil & gas samples, after samples taken open up to flow back pit. RU pump truck to kill tbg w/ 3% KCL w/ 3 gal/1000 clay stabilizer, killed w/ 60 bbls, released pkr, TIH to fish RTBP, TOH to set RTBP @ 10,600' & set pkr @ 10,182'. RU acid trk & pump 4800 gal 15% NEFE HCL w/ 75 ball sealers, broke formation down @ 3960#, had good ball action & balled out twice. ISIP= 3350#, 5 min.= 3164#, 10 min.= 3143#, 15 min.= 3129#, RD acid trk., start flow back, flowed back 97 bbls water & acid gas over night, tbg. flow getting stronger.

7-24-2007 Gas flow is 54 mcf/ day rate w/ line press. of 317#, well was not unloading any fld., blew down to tank, started swabbing, fld. level was @ 4200' to start, swabbed well down to 10,000', had some blow after last two swab runs, put back on sales line, press. built to 320# & started selling a rate of 82 mcf/day. SI tbg. for press. build up, open up in a.m. Tbg. built tp 970#.

7-25-2007 Well not flowing, blew down to tank, TIH w/ swab to tag fld. level @ 9400', TOH w/ swab, no fld. recovered, left blowing to tank for 1 hr. TIH w/ swab did not tag any fld. Put well back down sales line, not enough pressure to get into sales line. Left flowing overnight.

7-26-2007 to 7-27-2007 Tbg. w/ no fld. entry, still flowing, line press. dropping, left blowing down sales line overnight.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Angela Lightner TITLE Consultant DATE 2-1-2008

Type or print name Angela Lightner

E-mail address: angela@rkford.com

Telephone No. 432-682-0440

For State Use Only

FOR RECORDS ONLY

FEB 07 2008

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):