Submit 1 Copy To Appropriate District Office District I – (575) 393-6161 State of New Mexi Energy, Minerals and Natural									
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.								
District III         - (515) 746-1265           811 S. First St., Artesia, NM 88210         OIL CONSERVATION D           District III         - (505) 334-6178         1220 South St. Franci	5. Indicate Type of Lease								
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 Santa Fe, NM 8750	SIAIE FEE								
1220 S. St. Francis Dr., Santa Fe, NM 87505	NMNM 136159								
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR									
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	Rodeo Unit								
	8. Well Number								
2. Name of Operator	9. OGRID Number								
WPX Energy Production, LLC	120782								
3. Address of Operator P. O. Box 640, Aztec, NM 87410 (505) 333-1808	10. Pool name or Wildcat Basin Mancos								
4. Well Location									
	e and <u>410'</u> feet from the <u>FEL</u> line								
Section 18 Township 23N Range 8W	NMPM County San Juan								
11. Elevation (Show whether DR, RKB, RT, GR, etc.)									
6896' GI									
12. Check Appropriate Box to Indicate Natur	e of Notice, Report or Other Data								
TEMPORARILY ABANDON CHANGE PLANS	SUBSEQUENT REPORT OF: EMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A AASING/CEMENT JOB								
OTHER:	THER: INTER-WELL COMMUNICATION								
<ol> <li>Describe proposed or completed operations. (Clearly state all pertin of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For proposed completion or recompletion.</li> </ol>	nent details, and give pertinent dates, including estimated date or Multiple Completions: Attach wellbore diagram of								
MOV Ensure and used attraction on the following wells	OIL CONS. DIV DIST. 3								
WPX Energy conducted stimulation on the following well: NMOCD Order: R-14313	OIL CONS. DI 011 OCT 06 2017								
Start date: 7/27/17	OCT UB ZUI								
End date: 8/2/17									
Type: Fracture Treatment									
,									
End date: 8/2/17									
Attached: Spreadsheet with affected wells due to stimulation a	activity								
Attablear opreadureet with anected wend due to stimulation t	ictivity.								
Spud Date: Rig Release Date:									
I hereby certify that the information above is true and complete to the best of	f my knowledge and belief.								
MALLI LAND	hDATE_ <u>10/5/17</u>								
Type or print name <u>Marie E. Florez</u> E-mail address: <u>marie.jar</u>	amillo@wpxenergy.com PHONE: (505) 333-1808 For State								
Use Only APPROVED BY: Chank Horn TISEEERVISO	R DISTRICT #3 DATEDEC 11 2017								
Conditions of Approval (if any):									

the state of the s

Affected Wells										
Well Name	API number	Formation	Operator	Date Affected	Type Communication	Volume of Communication	Highest PSI Observed	Standard Operating PSI	Results of Communicati on	Results of any Investigation Conducted
W Lybrook Unit 750H	30-045-35804	Lybrook Mancos W	WPX	8/1/2017	Decrease in oil / Increase of water Prod.	N/A	N/A	N/A	Shut In	shut in / No fluids or gi was released duing the impacts
W Lybrook Unit 751H	30-045-35806	Lybrook Mancos W	WPX	8/1/2017	Decrease in oil / Increase of water Prod.	N/A	N/A	N/A	Shut In	shut in / No fluids or g was released duing the impacts
Stim	lated Well	Rodeo Unit	500H					100		

.

5-4

â