MELL APPROVED BY: Marked No. MS 8200 Direct El. (1575) 449-1283 Sil S. Firit St., Arteau, MM 8210 Sil S. Firit St., Arteau, MM 8210 Sil S. Firit St., Arteau, MM 8210 Santa Fe, NM 87505 South St. Francis Dr. Santa Fe, NM 87505	Received by OCD. 8/29/2022 1:46:53 PM Office District I – (575) 393-6161	State of New Mexico Energy, Minerals and Natural Resources	Form Ragic Oso Revised July 18, 2013
Since Company Since	1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
Description		OIL CONSERVATION DIVISION	
Santa Fc, NM 87505 State Oil & Gas Lease No.	<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	
12.0 S. S. Firmico D. S. Same Fe, NM 197305		Santa Fe, NM 87505	
SUNDRY NOTICES AND REPORTS ON WELLS Type of Well: SINDAY PROPOSALS TO DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS TO DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS TO DOBLE ON TO REPORT OF PERMIT" (FORM C-101) FOR SUCH PROPOSALS TO DOBLE ON TO RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS TO DOBLE ON TO PERMIT" (FORM C-101) FOR SUCH PROPOSALS TO ADDITION TO PERMIT" (FORM C-101) FOR SUCH PROPOSALS TO THE HOSPIAL TO THE PROPOSALS TO THE PROP	1220 S. St. Francis Dr., Santa Fe, NM		
DONOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEFERN OR PILIG BACK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR FERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other 9. OGRID Number 19 2. Name of Operator Dominion Production Company, LLC 9. OGRID Number 1414 W Swann Av, Suite 100, Tampa, FL 33606 10. Pool name or Wildcat Upper Hospath 1414 W Swann Av, Suite 100, Tampa, FL 33606 10. Pool name or Wildcat Upper Hospath 11. Elevation (Show whether DR, RKB, RT, GR, etc.) N/A 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLIG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS PAND A CASING/CEMENT JOB DWNHOLLE COMMINGLE CLOSED-LOOP SYSTEM OTHER:		S AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
1. Type of Well: Oil Well	(DO NOT USE THIS FORM FOR PROPOSALS DIFFERENT RESERVOIR. USE "APPLICATION OF THE PROPOSALS	S TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
2. Name of Operator Dominion Production Company, LLC 3. Address of Operator 1414 W Swann Av, Suite 100, Tampa, FL 33606 10. Pool name or Wildcat Upper Hospah 1414 W Swann Av, Suite 100, Tampa, FL 33606 10. Pool name or Wildcat Upper Hospah 1414 W Swann Av, Suite 100, Tampa, FL 33606 10. Pool name or Wildcat Upper Hospah 1414 W Swann Av, Suite 100, Tampa, FL 33606 10. Pool name or Wildcat Upper Hospah 1414 W Swann Av, Suite 100, Tampa, FL 33606 10. Pool name or Wildcat Upper Hospah 1414 W Swann Av, Suite 100, Tampa, FL 33606 10. Pool name or Wildcat Upper Hospah 1414 W Swann Av, Suite 100, Tampa, FL 33606 10. Pool name or Wildcat Upper Hospah 1414 W Swann Av, Suite 100, Tampa, FL 33606 10. Pool name or Wildcat Upper Hospah 1414 W Swann Av, Suite 100, Tampa, FL 33606 10. Pool name or Wildcat Upper Hospah 1414 W Swann Av, Suite 100, Tampa, FL 33606 10. Pool name or Wildcat Upper Hospah 1414 W Swann Av, Suite 100, Tampa, FL 33606 10. Pool name or Wildcat Upper Hospah 1414 W Swann Av, Suite 100, Tampa, FL 33606 10. Pool name or Wildcat Upper Hospah 1414 W Swann Av, Suite 100, Tampa, FL 33606 10. Pool name or Wildcat Upper Hospah 1414 W Swann Av, Suite 100, Feet from the Since Average 1415 W Swann Av, Suite 100, Feet from the Since Average 1415 W Swann Av, Suite 100, Feet from the Since Average 1415 W Swann Av, Suite 100, Feet from the Since Average 1415 W Swann Av, Suite 100, Feet from the Since Average 1415 W Swann Av, Suite 100, Feet from the Since Average 1415 W Swann Av, Suite 100, Feet from the Since Average 1415 W Swann Av, S		Well Other	8. Well Number 19
10. Pool name or Wildcat Upper Hospah 1. Well Location 1. Well Location 1. Well Location 1. Well Location 1. Elevation (Show whether DR, RKB, RT, GR, etc.) 1. Elevation (Show whether DR, RKB, RT, GR, etc.) 1. Elevation (Show whether DR, RKB, RT, GR, etc.) N/A 1. Elevation (Show whether DR, RKB, RT, GR, etc.) N/A 1. Elevation (Show whether DR, RKB, RT, GR, etc.) N/A 1. Elevation (Show whether DR, RKB, RT, GR, etc.) N/A 1. Elevation (Show whether DR, RKB, RT, GR, etc.) N/A 1. Elevation (Show whether DR, RKB, RT, GR, etc.) N/A 1. Elevation (Show whether DR, RKB, RT, GR, etc.) N/A 1. Elevation Office Elevation (Show whether DR, RKB, RT, GR, etc.) N/A 1. Elevation (Show whether DR, RKB, RT, GR, etc.) N/A 1. Elevation (Show whether DR, RKB, RT, GR, etc.) N/A 1. Elevation (Show whether DR, RKB, RT, GR, etc.) N/A 1. Elevation (Show whether DR, RKB, RT, GR, etc.) N/A N/A 1. Elevation (Show whether DR, RKB, RT, GR, etc.) N/A N	2. Name of Operator		9. OGRID Number
4. Well Location Unit Letter O 330 feet from the S_line and 2060 feet from the E_line Section 36 Township 18N Range 9W NMPM County McKinley 11. Elevation (Show whether DR, RKB, RT, GR, etc.) N/A 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS PAND A DULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: 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. Dominion plugged this well in accordance with the attached report. Spud Date: 8/24/22 Thereby certify that the information above is trugand complete to the best of my knowledge and belief. SIGNATURE		duction Company, LLC	10. Pool name or Wildcat
Unit Letter_O 330	-	n Av, Suite 100, Tampa, FL 33606	
Section 36 Township 18N Range 9W NMPM County McKinley 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS PAND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RUILE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. Dominion plugged this well in accordance with the attached report. Spud Date: 8 24 22	4. Well Location		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) N/A 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK	Unit Letter O		2060_feet from theE line
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS PAND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB PAND A PULL OR SYSTEM OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: Data with the attached report. Spud Date: 8 24 22 Rig Release Date: 8 27 22			
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK	11		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLUG AND ABANDON CHANGE PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A POUL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB CASING/CEMENT JOB COMMENCE DRILLING OPNS. PAND A CASING/CEMENT JOB COMMENT JOB CASING/CEMENT JOB COMMENT JOB COMMENT JOB CASING/CEMENT JOB CASING/CEMENT JOB CASING/CEMENT JOB CASING/CEM			
PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS ALTERING CASING PAND A PAND A PLUG OR ALTER CASING MULTIPLE COMPL COMMENCE DRILLING OPNS PAND A PAPROVED BY: Monica Kurkling TITLE Deputy Oil and Gas Inspector DATE 10/5/2022	12. Check App	ropriate Box to Indicate Nature of Notice,	Report or Other Data
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A DOWNHOLE COMMINGLE MULTIPLE COMPL CASING/CEMENT JOB CASI			
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER:			
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: 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. Dominion plugged this well in accordance with the attached report. Spud Date: Spud Date: Spud Dat		_	
CLOSED-LOOP SYSTEM OTHER: OTHE		OZONIA GAONIA GAONAGA CENIEN	
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. Dominion plugged this well in accordance with the attached report. Rig Release Date: 8/27/22 Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Drilling Officer DATE 8/29/2022 Type or print name Kayla Menard E-mail address: kmenard@cogllc.com PHONE: 337-534-8686 For State Use Only APPROVED BY: Monica Kushling TITLE Deputy Oil and Gas Inspector DATE 10/5/2022			
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. Dominion plugged this well in accordance with the attached report. Spud Date: 8/24/22 Rig Release Date: 8/27/22 I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Drilling Officer DATE 8/29/2022 Type or print name Kayla Menard E-mail address: kmenard@cogllc.com PHONE: 337-534-8686 For State Use Only APPROVED BY: Monica Kushling TITLE Deputy Oil and Gas Inspector DATE 10/5/2022			
proposed completion or recompletion. Dominion plugged this well in accordance with the attached report. Spud Date: 8/24/22 Rig Release Date: 8/27/22 Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Drilling Officer DATE 8/29/2022 Type or print name Kayla Menard E-mail address: kmenard@cogllc.com PHONE: 337-534-8686 For State Use Only APPROVED BY: Monica Kushling TITLE Deputy Oil and Gas Inspector DATE 10/5/2022			
Spud Date: 8 24 22 Rig Release Date: 8 27 122 Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Drilling Officer DATE 8/29/2022 Type or print name Kayla Menard E-mail address: kmenard@cogllc.com PHONE: 337-534-8686 For State Use Only APPROVED BY: Monica Kushling TITLE Deputy Oil and Gas Inspector DATE 10/5/2022			impletions. Attach wehoofe diagram of
Spud Date: 8 24 22 Rig Release Date: 8 27 122 Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Drilling Officer DATE 8/29/2022 Type or print name Kayla Menard E-mail address: kmenard@cogllc.com PHONE: 337-534-8686 For State Use Only APPROVED BY: Monica Kushling TITLE Deputy Oil and Gas Inspector DATE 10/5/2022	Deministration of the second second		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE	Dominion plugged this well in ac	cordance with the attached report.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE	Spud Date: 9/24/22	Rig Release Date: Q 2	1122
SIGNATURE Ayla Munch TITLE Drilling Officer DATE 8/29/2022 Type or print name Kayla Menard E-mail address: kmenard@cogllc.com PHONE: 337-534-8686 For State Use Only APPROVED BY: Wonica Kushling TITLE Deputy Oil and Gas Inspector DATE 10/5/2022	0/01/12	Up to the state of	
SIGNATURE Ayla Munch TITLE Drilling Officer DATE 8/29/2022 Type or print name Kayla Menard E-mail address: kmenard@cogllc.com PHONE: 337-534-8686 For State Use Only APPROVED BY: Wonica Kushling TITLE Deputy Oil and Gas Inspector DATE 10/5/2022			
Type or print name Kayla Menard E-mail address: kmenard@cogllc.com PHONE: 337-534-8686 For State Use Only APPROVED BY: Wonica Kushling TITLE Deputy Oil and Gas Inspector DATE 10/5/2022	I hereby certify that the information above	ve is true and complete to the best of my knowledg	ge and belief.
Type or print name Kayla Menard E-mail address: kmenard@cogllc.com PHONE: 337-534-8686 For State Use Only APPROVED BY: Wonica Kushling TITLE Deputy Oil and Gas Inspector DATE 10/5/2022	1) / 11/2/2		
For State Use Only APPROVED BY: Wonica Kushling TITLE Deputy Oil and Gas Inspector DATE 10/5/2022	SIGNATURE KAY AVUVU	TITLE Drilling Officer	DATE 8/29/2022
For State Use Only APPROVED BY: Wonica Kushling TITLE Deputy Oil and Gas Inspector DATE 10/5/2022	Tono an arist areas Karlo Marris	F 'l - 11 1 10 11	DUONE 227 524 0606
APPROVED BY: Monica Kushling TITLE Deputy Oil and Gas Inspector DATE 10/5/2022		E-mail address: <u>kmenard@cogllc.con</u>	<u>n</u> PHUNE: 33/-334-8080
		60:	40/5/0000
Conditions of Approval (if any):	APPROVED BY: <i>Monica</i> \(\times \) uce Conditions of Approval (if any):	TITLE Deputy Oil and Gas In	spector DATE 10/5/2022

Dominion Production

Plug And Abandonment End Of Well Report Hospah Sand Unit #019

330' FSL & 2060' FEL, Section 36, 18N, 9W McKinley County, NM / API 30-031-05203

Work Summary:

8/24/	22	Made BLM and NMOCD P&A operations notifications at 9:00 AM MST.
-------	----	---

8/25/22 MOL and R/U P&A unit. Checked well pressures: Tubing: 0 psi, Casing: 0 psi, Bradenhead: 0 psi. Bled down well. P/U work string and tallied in the wellbore to a depth of 1,602' where TD was tagged. Secured and shut-in well for the day.

Checked well pressures: Tubing: 0 psi, Casing: 0 psi, Bradenhead: 0 psi. Bled down well. Washed wellbore to a dept of 1,602', received circulation to pit after 5 bbls, pumped at total of 25 bbls of fresh water. Pumped plug #1 from 1,603' to 1,420' to cover the Gallup perforations and formation top. Laid down 7 joints to 1,379'. Reversed out 8 bbls of water to ensure hole was clean. POOH. WOC 4 hours. R/U wireline and ran CBL from 1,420' to surface. Continue WOC. Successfully pressure tested casing to 600 psi. TIH. Tagged top of plug #1 at 1,445'. Laid down 20 joints to 813'. R/U cementing services and pumped plug #2 from 813' to surface to cover the Point Lookout Formation Top, Mancos Formation Top, and casing shoe. TOOH. WOC 4 hours. ND BOP and WH. Tagged Cement at 100'. Cut of casing 3' below surface. Attached Dry hole marker to NMDOC standards. Topped off casing and filled cellar. R/D and MOL.

Plug Summary:

Plug #1: (Gallup perforations and formation top 1,603' to 1,445' 12 Sacks Type III Cement)

Mixed 12 sx Type III cement and spotted a balanced plug to cover the Gallup perforations and formation top.

Plug #2: (Point Lookout Formation Top, Mancos Formation Top, and casing shoe 813' to surface, 75 Sacks Type III Cement [12 sx for top-off])

R/U cementing services. Pumped plug #2 from 813' to surface to cover the Point Lookout Formation Top, Mancos Formation Top, and casing shoe. TOOH. WOC 4 hours. ND BOP and WH. Tagged Cement at 100'. Cut of casing 3' below surface. Attached Dry hole marker to NMDOC standards. Topped off casing and filled cellar. R/D and MOL.

End of Wellbore Diagram

Dominion Production
Hospah Sand Unit #019
API: 30-031-05203
McKinley County, New Mexico

Surface Casing

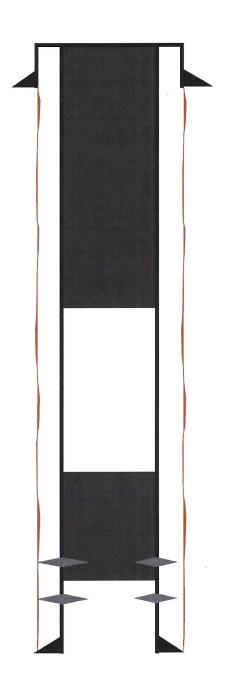
No Casing Records

Plug 2

813 feet - surface 813 foot plug 75 sacks of Type III Cement (12 sx for top off)

Plug 1

1603 feet - 1420 feet 183 foot plug 12 sacks of Type III Cement



Production Casing
No Casing Records

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720

District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170

1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. **Santa Fe, NM 87505**

CONDITIONS

Action 138947

CONDITIONS

Operator:	OGRID:
DOMINION PRODUCTION COMPANY, LLC	291567
1414 W Swann Avenue	Action Number:
Tampa, FL 33606	138947
	Action Type:
	[C-103] Sub. Plugging (C-103P)

CONDITIONS

Created By	Condition	Condition Date
mkuehling	well plugged 8/27/22 - please submit c103Q	10/4/2022