

Submit Copy To Appropriate District
Office
District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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

WELL API NO. 30-025-09806
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> *FED <input type="checkbox"/>
6. State Oil & Gas Lease No. 313552
7. Lease Name or Unit Agreement Name Marlo Sholes B #002
8. Well Number #2
9. OGRID Number 308339
10. Pool name or Wildcat SWD: Yates 7 Rivers (96141)

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator OWL SWD Operating LLC	
3. Address of Operator 20 Greenway Plaza, Suite 500 Houston, TX 77046	
4. Well Location Unit Letter <u>P</u> : <u>660</u> feet from the <u>SOUTH</u> line and <u>660</u> feet from the <u>EAST</u> line Section <u>25</u> Township <u>25-S</u> Range <u>36-E</u> NMPM <u>Lea</u> County	
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:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

- Requesting approval to MIRU PU and replace tbg/pkr with same size as current.
- Once work has been completed, run MIT per NMOCD guidelines.
- Return to production post successful MIT.

Spud Date:

05/24/1947

Rig Release Date:

06/25/1947

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Shelly Cowden TITLE NM Regulatory Manager DATE 8.17.2023

Type or print name Shelly Cowden E-mail address: Shelly.Cowden@pilotwater.com PHONE: 505-692-0354

For State Use Only

APPROVED BY: Philip R. Lutz TITLE UIC Manager DATE 10/17/2023

Conditions of Approval (if any):

MARALO SHOLES B #002

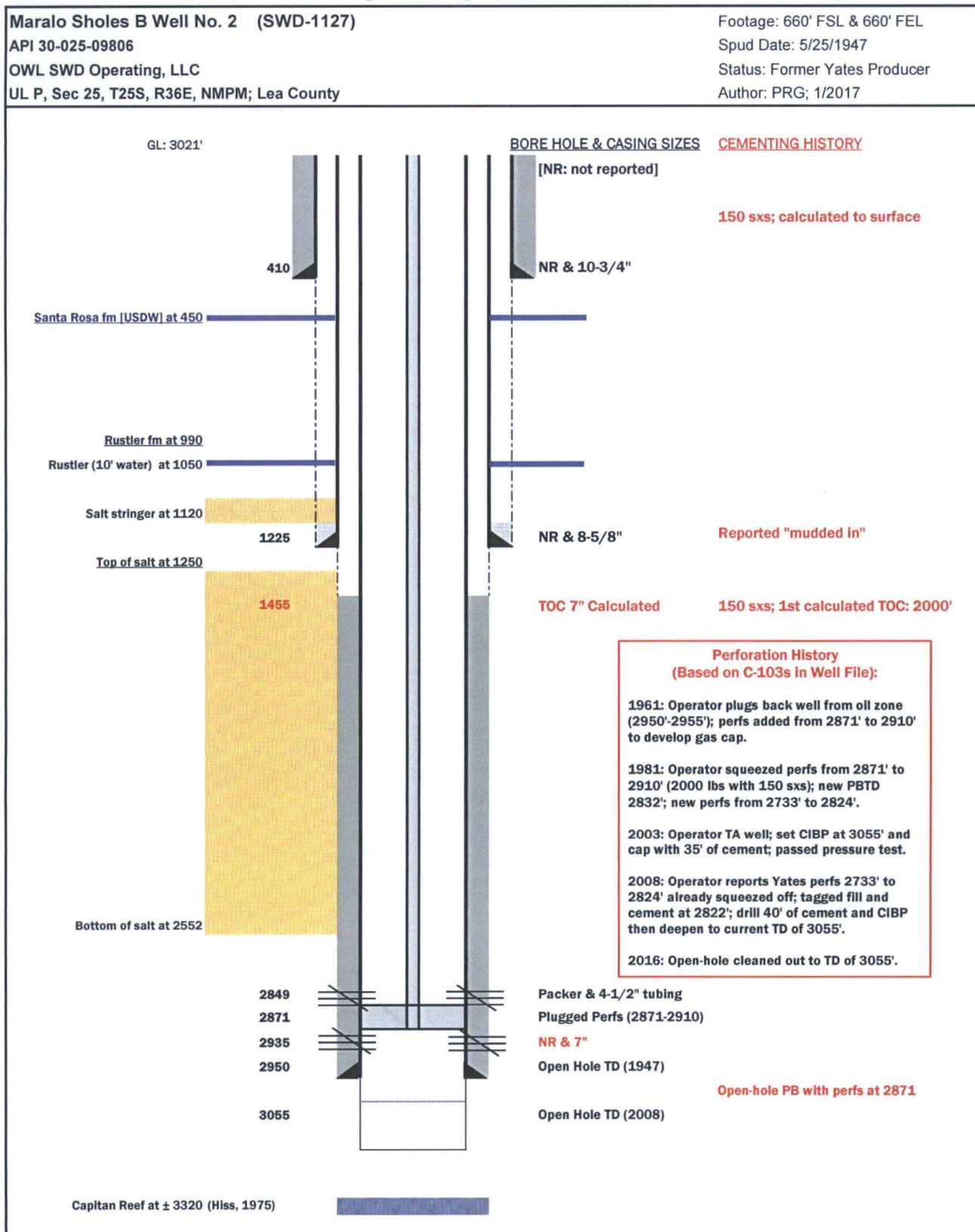
Work Plan 07.28.2023

- Requesting approval to MIRU PU and replace tbg/pkr with same size as current.
- Once work has been completed, run MIT per NMOCD guidelines.
- Return to production post successful MIT.
- Will evaluate if changes need to be made after entering the wellbore.



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Energy, Minerals, and Natural Resources Department
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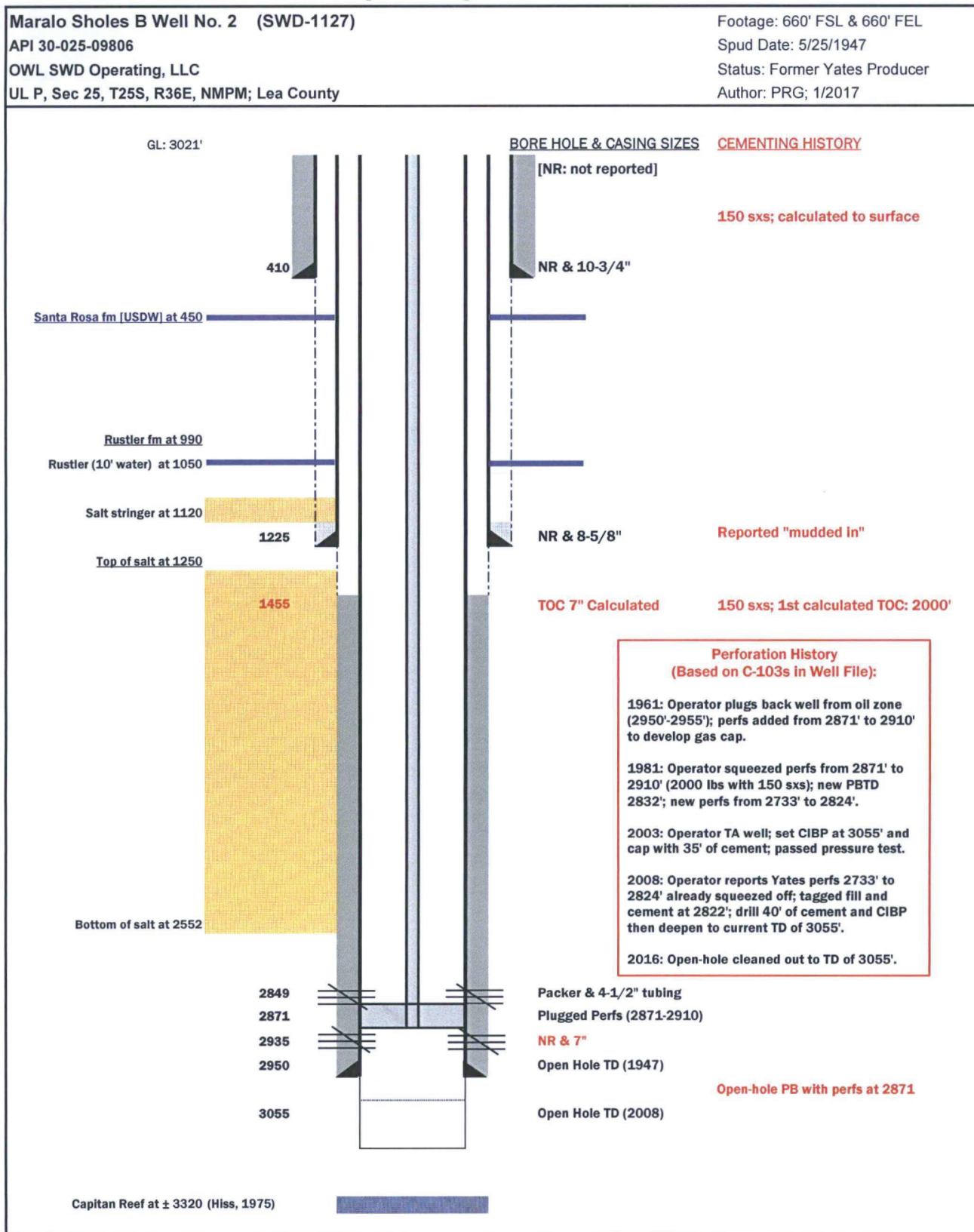
FIGURE 3: Well Completion Diagram for the Maralo Sholes B Well No. 2





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FIGURE 3: Well Completion Diagram for the Maralo Sholes B Well No. 2



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Santa Fe, NM 87505

CONDITIONS

Action 253151

CONDITIONS

Operator: OWL SWD OPERATING, LLC 20 Greenway Plaza Houston, TX 77046	OGRID: 308339
	Action Number: 253151
	Action Type: [C-103] NOI Workover (C-103G)

CONDITIONS

Created By	Condition	Condition Date
pgoetze	Prior to initiating workover, operator shall obtain a static bottomhole pressure measurement. The measurement shall be included in the subsequent report of this workover. Operator shall notify the OCD a minimum of 48 hours in advance of conducting the MIT required for return to injection so that the test may be witnessed by an OCD Inspector.	10/17/2023