

Santa Fe Main Office

Phone: (505) 476-3441 Fax: (55) 476-3462

General Information

Phone: (505) 629-6116

Online Phone Directory Visit:

<https://www.emnrd.nm.gov/ocd/contact-us/>

State of New Mexico  
Energy, Minerals and Natural Resources

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

WELL API NO. 30-025-39999
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name TD Pope 36
8. Well Number 10
9. OGRID Number 332127
10. Pool name or Wildcat DENTON; DEVONIAN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,805' - GR

**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  Injector

2. Name of Operator  
Scorpion Oil & Gas, LLC

3. Address of Operator  
4779 S Main Street, Stafford, Texas 77477

4. Well Location  
Unit Letter D : 350 feet from the North line and 990 feet from the West line  
Section 36 Township 14S Range 37E NMPM Lea County

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input 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: MIT <input checked="" 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.

9/27/2024 – Conducted the required MIT test on the subject well. The chart and test are attached.

Spud Date:

Rig Release Date:

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

SIGNATURE  TITLE Senior Operations Manager DATE 10/4/2024

Type or print name Kevin Stone E-mail address: kevin@scorpionog.com PHONE: (281) 205-3043

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

District I  
1423 N. French Dr., Hobbs, NM 88249  
Phone: (575) 392-6151 Fax: (575) 392-6729

State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

**BRADENHEAD TEST REPORT**

Operator Name <b>Scorpion</b>		API Number <b>30-025-39999</b>	
Property Name <b>T.P. POPE 36</b>		Well No. <b>#10</b>	

1. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>D</b>	<b>36</b>	<b>14S</b>	<b>37E</b>	<b>350</b>	<b>N</b>	<b>990</b>	<b>W</b>	<b>LEA</b>

Well Status

TA'D WELL YES	<input checked="" type="radio"/> NO	<input checked="" type="radio"/> YES	SHUT-IN NO	<input checked="" type="radio"/> INJ	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE <b>9-27-24</b>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>0</b>	<b>0</b>		<b>0</b>	<b>0</b>
<u>Flow Characteristics</u>					
Puff	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	CO2
Steady Flow	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	WTR ✓
Surges	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	GAS
Down to nothing	<b>0/N</b>	<b>0/N</b>	<b>Y/N</b>	<b>Y/N</b>	Type of fluid by and for water and/or gas
Gas or Oil	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	
Water	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

*Shut in disconnected*

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date:	Phone:		
Witness: <i>Stacy Peterson</i>			



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

CONDITIONS

Action 390360

**CONDITIONS**

Operator: Scorpion Oil & Gas, LLC 4779 South Main Street Stafford, TX 77477	OGRID: 332127
	Action Number: 390360
	Action Type: [C-103] Sub. Workover (C-103R)

**CONDITIONS**

Created By	Condition	Condition Date
kfortner	None	11/13/2024