

Santa Fe Main Office

Phone: (505) 476-3441 Fax: (505) 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 ResourcesForm C-103  
Revised July 18, 2013OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505WELL API NO.  
30-025-399995. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name  
TD Pope 368. Well Number  
109. OGRID Number  
33212710. Pool name or Wildcat  
DENTON; DEVONIAN

## 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 ☐ Injector2. Name of Operator  
Scorpion Oil & Gas, LLC3. 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 County11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3,805' - GR

## 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 ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: MIT ☒


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 10/4/2024Type 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 88240  
Phone: (575) 393-6151 Fax: (575) 393-6720

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

## BRADENHEAD TEST REPORT

Operator Name <i>Scorpion</i>		API Number <i>30-025-39999</i>	
Property Name <i>T.P. POPE 34</i>		Well No. <i>#10</i>	

## 1. Surface Location

UL - Lot <i>D</i>	Section <i>34</i>	Township <i>14S</i>	Range <i>31E</i>	Feet from <i>350</i>	N/S Line <i>N</i>	Feet from <i>990</i>	E/W Line <i>W</i>	County <i>LEA</i>
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## Well Status

TA'D WELL YES	NO	YES	SHUT-IN NO	INJ INJ	SWD	OIL	PRODUCER	GAS	DATE <i>9-27-24</i>
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## OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<i>0</i>	<i>0</i>		<i>0</i>	<i>0</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ✓
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS
Down to nothing	<i>0/N</i>	<i>0/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of fluid brought for waterflood if applicable
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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>Gay Peterson</i>		





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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