| Received by QCD to Appropriate Distri                                      | 1:07 PM              | State of New Mo              | exico                |                        | Form C-103 of 4         |
|--|----------------------|------------------------------|----------------------|------------------------|-------------------------|
| Office<br>District I – (575) 393-6161                                      | Ener                 | gy, Minerals and Natu        | ıral Resources       |                        | Revised July 18, 2013   |
| 1625 N. French Dr., Hobbs, NM 882  | 40                   |                              |                      | WELL API NO.           |                         |
| <u>District II</u> – (575) 748-1283<br>811 S. First St., Artesia, NM 88210 | OII                  | <b>CONSERVATION</b>          | DIVISION             | 30-045-07894           | of Lagge                |
| <u>District III</u> – (505) 334-6178                                       |                      | 1220 South St. Fra           | ncis Dr.             | 5. Indicate Type STATE | of Lease  FEE           |
| 1000 Rio Brazos Rd., Aztec, NM 874<br>District IV – (505) 476-3460         | 410                  | Santa Fe, NM 8               | 7505                 | 6. State Oil & Ga      |                         |
| 1220 S. St. Francis Dr., Santa Fe, NN<br>87505                             | Л                    | , -                          |                      | o. State on a di       | FEE FEE                 |
| SUNDRY 1   |                      | REPORTS ON WELLS             |                      |                        | r Unit Agreement Name   |
| (DO NOT USE THIS FORM FOR P. DIFFERENT RESERVOIR. USE "A                   |                      |                              |                      |                        | EN GAS COM              |
| PROPOSALS.)  | ii i Eleriii on i oi | CILICUIT (FORWICE 101) I     | ok been              | 8. V                   | Well Number             |
| 1. Type of Well: Oil Well  | Gas Well             | ○ Other                      |                      |                        | 1                       |
| 2. Name of Operator HILCORP ENERGY COM                                     | MPANY                |                              |                      | 9. OGRID Numb          | oer<br>372171           |
| 3. Address of Operator   |                      |                              |                      | 10. Pool name or       |                         |
| 382 Road 3100, Aztec, NM 87410   |                      |                              |                      | BASIN DAKOTA           | A                       |
| 4. Well Location   |                      |                              |                      |                        |                         |
|  | :1130'               | _ feet from the <u>North</u> | line and <u>820</u>  | )' feet from the       | East line               |
| Section 28   | Township             | 29N Range                    |                      |                        | nty San Juan            |
|  | 11. Elev             | ation (Show whether DR       |                      | .)                     |                         |
|  |                      | 541                          | 11′                  |                        |                         |
| 12 61  | 1 4                  | D ( I 1' ( N                 | . CNI .: I           | 0.4                    | <b>&gt;</b> 4           |
| 12. Chec   | ck Appropriat        | e Box to Indicate Na         | iture of Notice, I   | Report or Other I      | Jata                    |
| NOTICE O   | F INTENTIC           | N TO:                        | SUE                  | SEQUENT RE             | PORT OF:                |
| PERFORM REMEDIAL WOR   |                      | ND ABANDON                   | REMEDIAL WOR         |                        | ALTERING CASING ☐       |
| TEMPORARILY ABANDON  | ☐ CHANG              | E PLANS                      | COMMENCE DR          | ILLING OPNS.           | P AND A                 |
| PULL OR ALTER CASING   | ☐ MULTIP             | LE COMPL                     | CASING/CEMEN         | IT JOB 🔲               |                         |
| DOWNHOLE COMMINGLE   |                      |                              |                      |                        |                         |
| CLOSED-LOOP SYSTEM   |                      | _                            |                      |                        |                         |
| OTHER:   | 1-4-14               | (Cll + . + 11                | OTHER:               | l =:4:4                |                         |
| 13. Describe proposed or co  |                      | ule 19.15.7.14 NMAC          |                      |                        |                         |
| proposed completion or   |                      | OLL 17.13.7.14 NWIAC         | . Tor writingic Con  | ipictions. Attach we   | choose diagram of       |
| 1 1 1  | 1                    |                              |                      |                        |                         |
|  |                      |                              |                      |                        |                         |
| Hilcorp Energy Company reques  |                      |                              | n the subject per th | e attached procedure   | e. An OCD BH directive, |
| cMPK2435940512, was received   | d on 12/26/2024      | •                            |                      |                        |                         |
|  |                      |                              |                      |                        |                         |
|  |                      |                              |                      |                        |                         |
|  |                      |                              |                      |                        |                         |
|  |                      |                              |                      |                        |                         |
|  |                      |                              |                      |                        |                         |
|  |                      |                              |                      |                        |                         |
|  |                      |                              |                      |                        |                         |
|  |                      | D' D I D                     |                      |                        |                         |
| Spud Date:   |                      | Rig Release Dat              | e:                   |                        |                         |
|  |                      |                              |                      |                        | <u> </u>                |
|  | . 1                  | 1 1, , , 1 1                 | , C 1 1 1            | 11 1' C                |                         |
| I hereby certify that the informat   | tion above is tru    | e and complete to the be     | st of my knowledge   | and belief.            |                         |
|  |                      |                              |                      |                        |                         |
| SIGNATURE Priscilla  | Shortv               | TITLE O                      | perations/Regulato   | rv Technician – Sr.    | DATE 1/6/2025           |
| , 1 10011001   | <del></del>          |                              | ,                    |                        |                         |
|  | illa Shorty          | E-mail address: _            | pshorty@h            | ilcorp.com PHONE       | : <u>(505)324-5188</u>  |
| For State Use Only   |                      |                              |                      |                        |                         |
| APPROVED BY:   |                      | TITLE                        |                      | DAT                    | E                       |
| Conditions of Approval (if any):   |                      |                              |                      |                        |                         |

# **Proposed BH Directive Repair Procedure - NOI**

## Masden Gas Com #1

### API# - 30-045-07894

### Procedure:

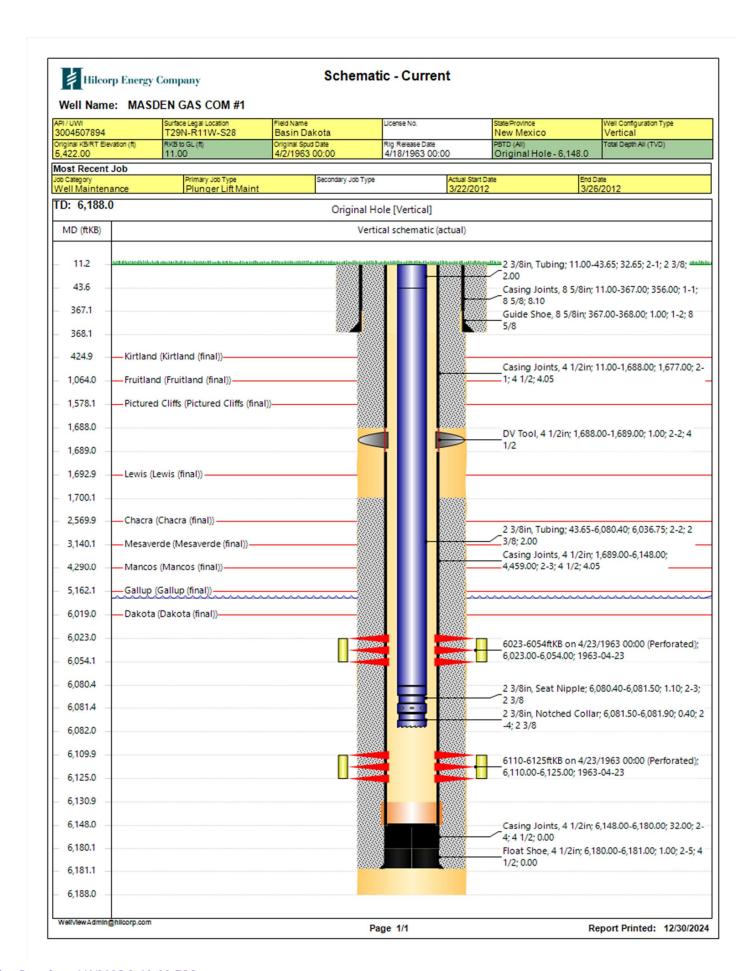
Hold PJSM prior to beginning any and all operations. Properly document all operations via the JSA process. Ensure that all personnel onsite abide by HEC safety protocol, including PPE, housekeeping, and standard guidelines.

Verify cathodic protection is off and wellhead instrumentation is properly disconnected from the wellhead. Comply with all NMOCD, BLM, and HEC safety and environmental regulations.

Verify there is no H2S present prior to beginning operations. If any H2S is present, take the necessary actions to ensure that the location is safe prior to beginning operations.

Observe and record pressures across all string daily, prior to beginning operations. **Notify NMOCD 24 hours prior to starting operations on location.** 

- 1. Verify all wellhead valves are operatable.
- 2. Move onto well location with workover rig. Check well pressures on all casing strings and record (daily).
- 3. Check well for H2S and blow down well as necessary.
- 4. RD wellhead and RU BOPs. Function test BOP pipe rams and blind rams.
- 5. Release tbg hanger and TOOH with the 2 3/8" prod tbg.
- 6. RIH with 4.5" RBP. Set RBP within 50ft above the Dakota top perf at 6023'.
- 7. MIT 4.5" from surface to RBP to 500psi to ensure no leaks. Chart and record test.
- 8. If well does not pass MIT, RIH w/ test packer and identify leaking interval, squeeze, drill out cement, and re-perform MIT. Perform Bradenhead test to ensure pressure has been eliminated.
- 9. If well does pass MIT, RU Wireline and run CBL from RBP to determine TOC and potential source of Bradenhead pressure. Confer with regulatory agencies on path forward to remediate Bradenhead pressure.
- 10. If cement squeeze remediation is performed, MIT wellbore from surface to RBP to 500 PSI. Chart and record test.
- 11. Bleed off Bradenhead pressure to ensure source of gas has been isolated from the Surface Casing. If Bradenhead pressure is not eliminated, monitor for 90 days.
- 12. Retrieve RBP. Pull OOH.
- 13. TIH with tubing and RTP well on plunger lift.



Sante Fe Main Office Phone: (505) 476-3441

General Information Phone: (505) 629-6116

Online Phone Directory https://www.emnrd.nm.gov/ocd/contact-us

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

CONDITIONS

Action 417371

### **CONDITIONS**

| Operator:              | OGRID:                        |
|------------------------|-------------------------------|
| HILCORP ENERGY COMPANY | 372171                        |
| 1111 Travis Street     | Action Number:                |
| Houston, TX 77002      | 417371                        |
|                        | Action Type:                  |
|                        | [C-103] NOI Workover (C-103G) |

### CONDITIONS

| Created By | Condition  | Condition<br>Date |
|------------|--|-------------------|
| mkuehling  | Notify NMOCD prior to any cement work - if a squeeze is performed and cement does not come to surface a CBL is required. An MIT is required after any cement work, replacing of casing and prior to putting well back on production. Once source is found and fixed a path forward can be discussed at that time - A bradenhead repair requires a bradenhead test at 30 days 6 month and 1 year after rig move - | 1/6/2025          |
| mkuehling  | 90-day anything will have to be approved prior.  | 1/6/2025          |