

Santa Fe Main Office
Phone: (505) 476-3441
General Information
Phone: (505) 629-6116

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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

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

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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		WELL API NO. 30-025-43360
2. Name of Operator OWL SWD Operating LLC		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator 20 Greenway Plaza, Suite 500 Houston, TX 77046		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>I</u> : <u>1450</u> feet from the <u>SOUTH</u> line and <u>287</u> feet from the <u>EAST</u> line Section <u>31</u> Township <u>25S</u> Range <u>37E</u> NMPM County <u>Lea County</u>		7. Lease Name or Unit Agreement Name Kimberly SWD
		8. Well Number <u>001</u>
		9. OGRID Number 308339
		10. Pool name or Wildcat SWD; Devonian
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3010' GL		

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <u>Acid Job</u> <input checked="" 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.

OWL SWD Operating LLC wishes to pump an acid job on the Kibmerly SWD 001 to restore injection consisting of 10,000 gal of 20% HCL.

Pump Plan:
Tubing Flush 250 bbl Produced Water
500 Gallons surfactant
10,000 gal inhibited 20% HCL
Tubing Flush 250 bbl produced water

Kimberly SWD 001 Top of perf is at 10,750', TD is at 12,180'. 5 1/2 " Tubing w/packer set at 10,660'

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 Shelly Cowden TITLE Sr. Regulatory Manager DATE 01/15/2026
 Type or print name Shelly Cowden E-mail address: Shelly.Cowden@pilotwater.com PHONE: 505-692-0354
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any): _____

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CONDITIONS

Action 543446

CONDITIONS

Operator: OWL SWD OPERATING, LLC 20 Greenway Plaza Houston, TX 77046	OGRID: 308339
	Action Number: 543446
	Action Type: [C-103] NOI Change of Plans (C-103A)

CONDITIONS

Created By	Condition	Condition Date
anthony.harris	Submit post-job C-103 Subsequent report detailing the work performed, the volume of fluids pumped and concentration of acid pumped.	2/3/2026