

Submit 1 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.	30-015-27072
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	303271
7. Lease Name or Unit Agreement Name	PINNACLE STATE
8. Well Number	003
9. OGRID Number	246289
10. Pool name or Wildcat	HERRDADURA BEND; DELAWARE, EAST

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

2. Name of Operator
WPX Energy Permian, LLC

3. Address of Operator **3500 ONE WILLIAMS CENTER MD 35
TULSA, OK 74172**

4. Well Location
 Unit Letter **K** : **1980** feet from the **SOUTH** line and **1650** feet from the **WEST** line
 Section **36** Township **22S** Range **28E** NMPM **EDDY** County

11. Elevation (*Show whether DR, RKB, RT, GR, etc.*)
3,102' GR

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>CLOSED-LOOP SYSTEM <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>
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Approved for plugging of well bore only. Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.emnrd.state.nm.us

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.

08/10/20 MIRU plugging equipment. Dug out cellar. Pressure tested tbg, held 1500 PSI. Unseated pump.
 08/11/20 POH w/ rods & pump. ND well head, NU BOP. POH w/ tbg & TAC.
 08/12/20 Set 5 1/2" CIBP @ 5930'. Dump bailed 3 sx class C cmt @ 5930'. WOC. Tagged plug @ 5891'. Set 5 1/2" CIBP @ 3300'. Dump bailed 3 sx class C cmt @ 3300'. WOC.
 08/13/20 Tagged plug @ 3260'. Pump'd 75 bbls MLF. Pressure test csg, held 600 PSI. Perf'd csg @ 2550'. Pressured up on perms to 600 PSI. Spotted 30 sx class C cmt @ 2600-2297'. WOC. Tagged plug @ 2475'. Perf'd csg @ 605'. Pressured up on perms to 600 PSI. Spotted 30 sx class C cmt @ 655-352'. WOC.
 08/14/20 Tagged plug @ 390'. Perf'd csg @ 200'. Pressured up on perms to 600 PSI. ND BOP. Spotted 30 sx class C cmt @ 250' & circulated to surface. Rigged down & moved off.
 08/21/20 Moved in backhoe and welder, cut off well head, and Gilbert Cordero w/ OCD verified cmt to surface. Welded on "Above Ground Dry Hole Marker". Backfilled cellar, cut off deadmen, cleaned location, and moved off.

Spud Date: **08/22/1992**

Rig Release Date: **10/13/1992**

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

SIGNATURE Caitlin O'Hair TITLE Regulatory Specialist DATE 08/24/2020

Type or print name Caitlin O'Hair E-mail address: caitlin.ohair@wpxenergy.com PHONE: 539-573-3527

For State Use Only

APPROVED BY: [Signature] TITLE Staff Manager DATE 8/26/2020

Conditions of Approval (if any):