

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

NMOCD Rec'd: 10/06/2020

Form C-103  
 Revised July 18, 2013

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

WELL API NO.	<b>30-015-36381</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	<b>303271</b>
7. Lease Name or Unit Agreement Name	<b>PINNACLE STATE</b>
8. Well Number	<b>021</b>
9. OGRID Number	<b>246289</b>
10. Pool name or Wildcat	<b>CULEBRA BLUFF; BONE SPRING, SOUTH</b>
11. Elevation ( <i>Show whether DR, RKB, RT, GR, etc.</i> ) <b>3,090' GR</b>	

**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 **L** : **1330** feet from the **SOUTH** line and **1145** feet from the **WEST** line  
 Section **36** Township **22S** Range **28E** NMPM **EDDY** County

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"/>	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 checked="" 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: <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.

09/28/20 MIRU plugging equipment. POH w/ rods, no pump. ND WH, NU BOP.  
 09/29/20 POH w/ tbg. RIH and set 5 1/2 CIBP @ 4800'. Circulated hole w/ MLF. Spotted 25 sx class C @ 4800-4553. WOC. Tagged plug @ 4560'. POH with tbg.  
 09/30/20 Perf'd 5 1/2 csg @ 2550'. Pressured up on perfs to 600 psi. Spotted 30 sx class C @ 2600-2297. WOC. Tagged plug @ 2345'. Perf'd 5 1/2 csg. @ 510'. Pressured up on perfs to 500 psi. Perf'd 5 1/2 csg @ 200'. Pressured up on perfs to 600 psi. Spotted 60 sx class C @ 560'-surface. RDMO.  
 10/02/20 Moved in welder and backhoe. Dug out well head and anchors. Removed anchors and welded on "Above Ground Dry Hole Marker". Backfilled cellar and cleaned location. Moved off.

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

Spud Date: **12/07/2008**

Rig Release Date: **01/24/2009**

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 Tech III DATE 10/06/2020

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 10/23/2020

Conditions of Approval (if any):