

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

REC'D NMOCD
 11/19/2020

Form C-103
 Revised July 18, 2013

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

WELL API NO. 30-015-45643	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name COLLIE 35-34-22-27 FEE	
8. Well Number 401H	
9. OGRID Number 246289	
10. Pool name or Wildcat PURPLE SAGE, WOLFCAMP (GAS)	
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	
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 <u>A</u> : <u>1371</u> feet from the <u>NORTH</u> line and <u>329</u> feet from the <u>WEST</u> line Section <u>35</u> Township <u>22S</u> Range <u>27E</u> NMPM County <u>EDDY</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3105 RKB	

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: 1ST & 2ND INTERMEDIATE CASING/CEMENT JOBS <input checked="" type="checkbox"/>	
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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.

REPORTING THE 1ST AND 2ND INTERMEDIATE CASING/CEMENT DETAILS.

1ST INTERMEDIATE INSTALLED ON 10/31/2020
 DEPTH OF 12 1/4" HOLE @ 5,895' MD
 DEPTH OF 9 5/8" CSG @ 5,885'
 CSG WT = 40#, GRADE = J-55
 10 CENTRALIZERS USED
 535 SX 11.9 PPG LEAD CLASS C & 250 SX 14.8 PPG TAIL CLASS C
 3 BBLS TO SURFACE, TOP OF CEMENT @ SURFACE
 DV TOOL @ 2,798' HOWEVER CANCELLED DUE TO CMT REACHING SURFACE DURING 1ST STG

2ND INTERMEDIATE INSTALLED ON 11/06/2020
 DEPTH OF 8 3/4" HOLE @ 9,643' MD
 DEPTH OF 7" CSG @ 9,633'
 CSG WT = 29#, GRADE = VA-XP-P110
 NO CENTRALIZERS USED
 590 SX 11.5 PPG LEAD CLASS C & 140 SX 15.6 PPG TAIL CLASS C
 0 BBLS TO SURFACE, TOP OF CEMENT CALC'D @ 150'

19.15.16.10 I (1) Casing must be tested

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 REGULATORY TECH II DATE 11/09/2020

Type or print name LORRI KLINE E-mail address: LORRI.KLINE@WPXENERGY.COM PHONE: 539-573-3518

For State Use Only

APPROVED BY: DATE gc 12/9/2020

Conditions of Approval (if any):