

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 APINO. 30-015-46498	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Myox31 ST Com	
8. Well Number 502H	
9. OGRID Number 229137	
10. Pool name or Wildcat Delaware River, Bone Spring	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3038' GR	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: Completion Operations ☒

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.

3/16/20 Test 9 5/8" x 5 1/2" annulus to 1500# for 30 mins. Good test. Set Composite Bridge Plug @ 18,025'. Test to 8,503#.

8/24/20 to 9/7/20 Perf 8,040 – 18,000' (1200). Acdz w/ 0 gal 7-1/2%; frac w/ 29,738,803# sand & 29,699,494 gal clean fluid.

9/10/20 to 9/11/20 Drill out CFP's. Clean down to PBTD @ 18,025'.

9/12/20 Set 2 7/8" 6.5# L-80 tbg @ 7,317' & pkr @ 7,307'. Installed gas lift system.

9/14/20 Ready date. Turned over to production.

Spud Date:

1/11/20

Rig Release Date:

2/12/20

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

SIGNATURE: Amanda Avery TITLE: Regulatory Analyst DATE: 10/6/2020

Type or print name: Amanda Avery E-mail address: aavery@concho.com PHONE: (575) 748-6962

For State Use Only

APPROVED BY: [Signature] TITLE: Staff Manager DATE: 10/23/2020