

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 748-9720

District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-103
August 1, 2011
Permit 227649

WELL API NUMBER
30-015-23580

5. Indicate Type of Lease
P

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
ANN SWD

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:
S

8. Well Number
001

2. Name of Operator
PYOTE WELL SERVICE, LLC

9. OGRID Number
294873

3. Address of Operator
400 W. Illinois Ave, Ste 900, Midland, TX 79701

10. Pool name or Wildcat

4. Well Location
Unit Letter G : 1980 feet from the N line and feet 1980 from the E line
Section 18 Township 19S Range 26E NMPM County Eddy

11. Elevation (Show whether DR, KB, BT, GR, etc.)
3423 GR

Pit or Below-grade Tank Application or Closure

Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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 checked="" type="checkbox"/>	ALTER CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE OF PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
Other: _____		Other: <u>Perforations/Tubing/Liner</u>	<input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

REMEDIAL WORK: RAN 4" LINER FROM 7765-5678'. CEMENTED W/ 33 SX CLASS H. RAN 2-3/8" IPC TUBING FROM 7744-5678'. RAN 2-7/8" IPC TUBING FROM 5678-SURFACE. PACKER SET AT 7744'. INJECTION PERFS: 7790-7824' AND 8036-8100'. (BOTH HISTORICAL) WELL PRESSURE TESTED AND ORIGINAL CHART MAILED TO RICHARD INGE. COPIES OF CHART AND WBD WILL BE MAILED IN WITH SIGNED C-103.

Perforations

Pool: SWD;CANYON , 96184 Location: G -18-19S-26E 1980 N 1980 E

TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount
7790	7824	N	0	0			0
8036	8100	N	0	0		Acid	0

Tubing

SWD;CANYON , 96184

Tubing Size	Type	Depth Set	Packer Set
2.375	IPC	7744	7744
2.875	IPC	5678	7744

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE Jenni Usher TITLE AGENT DATE 10/19/2016
Type or print name Jenni Usher E-mail address jennimusher@gmznt.com Telephone No. 512-820-8772

For State Use Only:
APPROVED BY: Richard Inge TITLE COMPLIANCE OFFICER DATE 11/2/16

