

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

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.)		WELL API NO. 30-015-10842
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Delaware Energy LLC		6. State Oil & Gas Lease No.
3. Address of Operator 3001 W. Loop 250 N. Suite C-105-318, Midland TX 79705		7. Lease Name or Unit Agreement Name Pardue 31 Com
4. Well Location Unit Letter <u>N</u> : <u>990'</u> feet from the <u>South</u> line and <u>1980'</u> feet from the <u>West</u> line Section: <u>31</u> Township: <u>23</u> Range: <u>28</u> NMPM County: <u>Eddy</u>		8. Well Number #1
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 371195
		10. Pool name or Wildcat SWD (Devonian)

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 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 checked="" 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.

PROCEDURE FOR REENTRY AND COMPLETION TO DEVONIAN SWD:

1. R/U WORK OVER UNIT, DRILL OUT SURFACE PLUG FROM 0-188'. TEST CASING TO 500PSI. DRILL OUT CEMENT PLUGS AT 2676' AND 2930' AND CLEAN OUT TO PBTD OF 10,622'. TEST CASING TO 500 PSI AND HOLD FOR 30 MINUTES, RECORD TEST.
2. R/U WIRE LINE AND RUN CEMENT BOND LOG FROM 10,622' TO 1,600' AND DETERMINE TOP OF CEMENT IN 7" BY 9-5/8" ANNULUS.
3. DRESS OFF 7" STUB IN PREPERATION FOR 7" CASING PATCH.
4. IF CEMENT TOP IS DETERMINED TO BE WITHIN 50FT OF STUB, PLAN TO UTILIZE DV TOOL ABOVE CASING PATCH. IF CEMENT TOP IS GREATER THAN 50FT FROM 7" CASING STUB, SHOOT SQUEEZE HOLES AT CEMENT TOP PRIOR TO RUNNING CASING PATCH. SQUEEZE HOLES WILL BE USED TO CIRCULATE CEMENT FOLLOWING INSTALLATION OF CASING PATCH.
5. RUN CASING PATCH AND CEMENT 7" BY 9-5/8" ANNULUS TO SURFACE. TEST CASING TO 500 PSI AND HOLD FOR 30 MINUTES, RECORD TEST.
6. CONTINUE WITH DEEPENING, CLEAN OUT TO 12,770' AND DEEPEN TO DEVONIAN TO A DEPTH OF 14,500'. RUN 5" LINER FROM 14,500' TO 10,600', AND CEMENT TO 5" LINER TOP.

Spud Date:

Rig Release Date:

MUST SUBMIT C101 FOR RE-ENTRY, FORM NOT SIGNED

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

SIGNATURE _____ TITLE _____ DATE _____

Type or print name _____ E-mail address: _____ PHONE: _____
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

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 _____ DATE _____

Type or print name _____ E-mail address: _____ PHONE: _____

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

DEINED

DEINED

DEINED