

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. <b>30-015-21999</b>
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 <b>WADI PETROLEUM, INC., c/o Riddle Engineering Corp. Agent</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>PO Box 270130, CORPUS CHRISTI, TX 78427-0130</b>		7. Lease Name or Unit Agreement Name <b>CARLSBAD "13" COMM</b>
4. Well Location Unit Letter <b>G</b> : <b>2040</b> feet from the <b>EAST</b> line and <b>1650</b> feet from the <b>NORTH</b> line Section <b>13</b> Township <b>22S</b> Range <b>26E</b> NMPM County <b>EDDY</b>		8. Well Number <b>1</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3,144 GR</b>		9. OGRID Number <b>024471</b>
		10. Pool name or Wildcat <b>CARLSBAD MORROW, SOUTH</b>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" 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 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.

**OBJECTIVE: REPAIR TUBING/CASING COMMUNICATION**

1. SET ISOLATION PLUG IN PACKER.
2. MOVE IN RIG UP WORKOVER RIG.
3. RIG DOWN TREE, RIG UP BOP. RELEASE ON-OFF TOOL.
4. PULL TUBING & ON-OFF OVERSHOT. SCAN TUBING WHILE PULLING OUT OF HOLE.
5. RUN BACK IN HOLE WITH REDRESSED ON-OFF OVERSHOT & TUBING, REPACLING BAD JOINTS.
6. RIG DOWN BOP, RIG UP TREE.
7. ACIDIZE, SWAB WELL IN AS NEEDED.
8. RETURN TO PRODUCTION.

Spud Date: 03/27/2017 estimated

Rig Release Date: 03/31/2017 estimated

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

SIGNATURE Eduardo A Riddle TITLE AGENT DATE 03/23/2017

Type or print name EDUARDO A RIDDLE E-mail address: e.a.riddle@riddle-eng.com PHONE: (361) 452-2703

**For State Use Only**

APPROVED BY: [Signature] TITLE Staff Manager DATE 3-23-17  
Conditions of Approval (if any):