

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. 30-015-45043
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 WPX ENERGY PERMIAN, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 3500 ONE WILLIAMS CENTER, MD: 35, TULSA, OK 74172		7. Lease Name or Unit Agreement Name CASS DRAW 10-23-27 FEE
4. Well Location Unit Letter <u>H</u> : <u>2,691</u> feet from the <u>NORTH</u> line and <u>338</u> feet from the <u>EAST</u> line Section <u>9</u> Township <u>23S</u> Range <u>27E</u> NMPM County <u>EDDY</u>		8. Well Number <u>401H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,142 RKB		9. OGRID Number <u>246289</u>
		10. Pool name or Wildcat PURPLE SAGE; WOLFCAMP (GAS)

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: COMPLETION <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Please be advised that the above referenced well has been completed as follows:

Rig Released: 11/15/2018; Completion Began: 02/09/2019; Frac Began: 02/21/2019; Drillout Ended: 03/01/2019; DOFP: 03/04/2019
KOP @ 8,840' MD
14,018' TMD, 9,135' TVD & 13,931' PBD
GR Log ran to surface.
Frac Data: Perfs @ 9,447' to 13,878' (16 stages)
8,949,273 TL FLUID, 13,360,660 TL PROPPANT
2 7/8" Tubing Installed 03/02/2019 @ depth of 8,966' MD and a 4 1/2" 10K AS-1X Packer @ 8,956'

RECEIVED

APR 01 2019

DISTRICT II-ARTESIA O.C.D.

Spud Date:

10/22/2018

Rig Release Date:

11/15/2018

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

SIGNATURE Lorri Kline Digitally signed by Lorri Kline
DN: cn=Lorri Kline, o=wp, email=LORRI.KLINE@WPXENERGY.CO
M, c=US
Date: 2019.03.27 12:59:10 -0500 TITLE REGULATORY TECH II DATE 03/26/2019

Type or print name LORRI KLINE E-mail address: lorri.kline@wpxenergy.com PHONE: 539-573-3518
For State Use Only

APPROVED BY: Haven Sharp TITLE Staff Mgr DATE 4-18-19
Conditions of Approval (if any):