

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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

WELL API NO. 30-015-45301	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name PATRIOT SWD	
8. Well Number 08	
9. OGRID Number 371287	
10. Pool name or Wildcat SWD;DEVONIAN	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3137' GR	

1. Type of Well: Oil Well ☐ Gas Well ☐ Other SWD

2. Name of Operator
Black River Water Management Company

3. Address of Operator
5400 LBJ Freeway, Ste. 1500, Dallas, TX 75240

4. Well Location
Unit Letter N : 100 feet from the S line and 1960 feet from the W line
Section 09 Township 23S Range 27E NMPM County Eddy

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 checked="" 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.

Please see attached for changes to casing and cementing plan.

RECEIVED

APR 02 2019

DISTRICT II-ARTESIA O.C.D.

SWD-1709

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 Ava Monroe TITLE Sr. Regulatory Analyst DATE 04/01/19

Type or print name Ava Monroe E-mail address: amonroe@matadorresources.com PHONE: 972-371-5218
For State Use Only

APPROVED BY: Do D... TITLE Compliance Officer DATE 4-18-19
Conditions of Approval (if any):

Well Name: Patriot SWD #8 30-015-45301

STRING	FLUID TYPE	HOLE SZ	CSG SZ	CSG GRADE	CSG WT	DEPTH SET	TOP CSG	TTL SX CEMENT	EST TOC	ADDITIONAL INFO FOR CSG/CMT PROGRAM (Optional)
SURF	FRESH WTR	26	20	J-55	94.00	450	0	847	0	
INT 1	BRINE	17.5	13.375	J-55	54.50	1977	0	1033	0	
INT 2	CUT BRINE	12.25	9.625	P-110	40.00	9653	0	841	0	
PROD	MUD	8.75	7.625	P-110	39.00	13053	9153	200	9153	Liner Hanger at 9153'

* All previous COA and Administrative Orders will be followed

Changes are bolded & highlighted in yellow