Office Office		state of New Mo	i			Form C-1	
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM		Ainerals and Natu	ural Resources	S WELL API	NO	evised July 18, 2	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88	OII CO	NSERVATION	DIVISION	5 T 1:		15-2693	5
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, N	122	0 South St. Fra	1	5. Indicate STA	Type of Lease TE □	; FEE 🔲	
District IV - (505) 476-3460	, i	Santa Fe, NM 8	7505	6. State Oil	& Gas Lease		
1220 S. St. Francis Dr., Santa Fo 87505					31331		
SUND (DO NOT USE THIS FORM FO DIFFERENT RESERVOIR. US PROPOSALS.)		R TO DEEPEN OR PL	UG BACK TO A		nne or Unit A	greement Nam DERAL	е
1. Type of Well: Oil We	ell 🔳 Gas Well 🗌	Other		8. Well Nu		003	
2. Name of Operator	WPX Ener	gy Permian,	LLC	9. OGRID	Number	246289	
3. Address of Operator 35	500 ONE WILLIAMS CENTER M ULSA, OK 74172	D 35			me or Wildca ON; WOLF	t FCAMP, N.	
4. Well Location	A . 130	, NOR	TH	660 £		EAST	
Unit Letter	:ieet	from the	line and ange 24E	116	et from the DDY Count		ne
Section		(Show whether DR	<u> </u>		DD1 Count	<u>y</u>	
		3,580		·			\$ and
. 12.	Check Appropriate B	ox to Indicate N	lature of Not	tice, Report or C	ther Data		
NOTICE	OF INTENTION T	O:		SUBSEQUENT	REPORT	OF.	
PERFORM REMEDIAL W	/ORK 🔲 PLUG AND AI	BANDON 🔲	REMEDIAL V	WORK	☐ ALTER	ING CASING	=
TEMPORARILY ABANDO PULL OR ALTER CASINO			COMMENCE CASING/CEI	E DRILLING OPNS MENT TOR	.□ PAND □	A I	
DOWNHOLE COMMINGL		>WI	ONOMORE	WIENT OOD			
CLOSED-LOOP SYSTEM OTHER:	1 RECLASS FROM	OIL TO GAS.	OTHER:			+	\Box
13. Describe proposed	or completed operations.	(Clearly state all	pertinent detail				date
	oposed work). SEE RULE ion or recompletion.	: 19.15.7.14 NMA	C. For Multiple	e Completions: At	tach wellbore	diagram of	
WPX ENERGY PERM	MAN II Crequests	to reclassify th	nie well from	n oil to gae due	the well r	enorting on	ly as
rom 07/2015 onwards				i oir to gas duc	the well i	eporting on	iy yas
Attached is a C-102.					RECE	EIVED	
1					JAN	1 0 2020	
~				EN	INRD-O	CD ARTE	SIA
	107/4000				/4000		
Spud Date: 03/	/27/1992	Rig Release Da	ate: (recon	nplete) 06/03	/1996		
I hereby certify that the info	ormation above is true and	l complete to the b	est of my know	vledge and belief.			
SIGNATURE W	1 01h	_{TITLE} Reg	ulatory T	ech III	DATE 01	/07/2020	
Cait	lin O'Hair		ogitlin obgi	r@wpxenergy.con	PHONE:	539-573-35	 27
Type or print name For State Use Only		E-mail addres	s:		PHONE: _		
APPROVED BY	mord & salay	TITLE_	Teologi	3/	_DATE	-10-20	20
Conditions of Approval (if			1		_		

VISIMICI 1

P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88211-0719 DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088, Santa Fe, NM 87504-2088

DISTRICT IV

State of New Mexico nergy, Minerals and Natural Resources Depal

OIL CONSERVATION DI

RECEIVED

Form C-102

JAN 1 0 2020 evised February 10,1994

Instructions on back

RD-OCD AR State Class - 4 Copies

Fee Lease - 3 Copies

☐ AMENDED REPORT

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-26935		Pool Code 96478		Pool Name WILDCAT CANYON WOLFCA	AMP NORTH	
Property Code 1 0924 3/3	Property Code 10924—3/3315		erty Name FEDERAL	⁶ Well No.		
⁷ OGRID Number -02235 1 2462	WPX	⁸ Oper TEXACO E XPLORATI	ator Name ON & PRODUCTIO	N INC.	⁹ Elevation	

10 Surface Location

UI or lot no.	Section	Township	Range	Lot.ldn	Feet From The	North/South Line	Feet From The	East/West Line	County	
A	25	198	24E		130	NORTH	660	EAST	EDDY	

11 Bottom Hole Location If Different From Surface

											
UI or lot no.	Section	Township	Range	Lot.Idn	Feet Fron	n The	North/South Li	ne	Feet From The	East/West Line	County
Dedicated 40	Acres	Joint or Infill	14	Consolidatio	n Code	15 Ord	der No.]			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED

	· · · · · · · · · · · · · · · · · · ·	 	17 OPERATOR CERTIFICATION
6	; ; ;	# #3 660'	I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief
	·	 - 	Signature Morte Clunc Printed Name
	 	1	Monte C. Duncan Position Engr Asst
	i i	i i	Date 8/23/97
	1 1 1 1 1 1		18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.
	t t		Date Surveyed Signature & Seal of
	! ! ! .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Professional Surveyor
		1	Certificate No.

Rul-10-2020