

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

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



WELL API NO. 30-015-35029
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Renata 16 State Com
8. Well Number #1
9. OGRID Number 212226
10. Pool name or Wildcat Chester

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.)  
1. Type of Well: Oil Well ☐ Gas Well ☒ Other ☐ DEC 14 2007

2. Name of Operator  
Corkran Energy, LLC OCD-ARTESIA

3. Address of Operator  
300 Beardsley Lane, C-204 Austin, TX 78746

4. Well Location  
Unit Letter A: 660 feet from the North line and 910 feet from the East line  
Section 16 Township 23S Range 24E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4065'

Pit or Below-grade Tank Application ☐ or Closure ☐  
Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_  
Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

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"/>
PLUG AND ABANDON <input type="checkbox"/>	P AND A <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPL <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	OTHER: completion work <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

10-3-2007 ND wellhead flange, NU BOP.

10-4-2007 Pickle tbg. w/ 12.8 bbls 15% HCL @ 2 BPM. Displaced w/ 34.1 bbls @ 2.1 BPM. Reverse out w/ 5% KCL wtr. down csg. out tbg. 153.8 bbls @ 2 BPM. ISDP -0 5 min.-0 10 min.-0 15 min.-0 final -0 psi for 15 min. Trting pressure - min. 259 psi: max. 560 psi: avg. 422 psi. Max. pressure 4800#. GIH w/ BHA, propellant & bull plug. Packer set @ 10,603'. Perforate from 10,724'-10,748' w/ 3 1/8" 60 degree phased gun, 4 spf, 96 holes made. SWI.

10-5-2007 GIH to log. Load tbg. w/2 bbls 5% KCL. ND BOP. Set pkr. w/ 11 pts. NU tree. Test to 5000#. Dropped bar to fire guns for perfs, watch psi on tbg. & csg. Let well flow till well died.

10-6-2007 Tbg. psi 101. Open up well - choke 12/64 - bled to 0 psi. RU lubricator, GIH w/ swab to 8700' - dry. SWIFW.

10-9-2007 to 10-12-2007 Swab well.

10-12-2007 ND wellhead tree, NU BOP. TIH w/ tbg., pkr. gun barrels & junk in hole.

10-13-2007 Perforate from 10,701'-10,705' 16 shots, 10,713'-10,715' 8 shots. 24 shots made. Arrowset pkr. top @ 10,583'. Load csg. w/ 5% KCL. Test pkr. to 500# for 10 min. Start swabbing well.

10-14-2007 Swab well. Pumped treatment fluid - 2000 gals 7 1/2% HCL. Dropped 180 ball sealers in 11 stages. Total fld. to recover 93.4 bbls. ISDP 2609 -0 psi in 3 min. 5 min. -0 psi 10 min. -0 psi 15 min.-0 psi. Inj. rates - treating fld. 2.6 BPM, flush 3.3 BPM, avg. 2.6 BPM; treating pressure min. 3200, max. 440, avg. 3600. Max. psi 7000. Start swabbing. SWI.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Angela Lightner TITLE Consultant DATE 12-12-2007

Type or print name AngelaLightner E-mail address: angela@rkford.com Telephone No. 432-682-0440

For State Use Only

APPROVED BY: FOR RECORDS ONLY TITLE \_\_\_\_\_ DATE DEC 17 2007

Conditions of Approval (if any):