

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

OCD-ARTESIA  
REC'D: 8/20/2020

Form C-103  
Revised July 18, 2013

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

WELL API NO. 30-015-46626
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 Shelby 23
8. Well Number 4H
9. OGRID Number 328947
10. Pool name or Wildcat N. Seven Rivers; Glorieta-Yeso

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator Spur Energy Partners LLC	
3. Address of Operator 9655 Katy Freeway, Ste. 500, Houston, TX 77024	
4. Well Location Unit Letter <u>A</u> : 858 feet from the <u>North</u> line and <u>718</u> feet from the <u>East</u> line Section <u>26</u> Township <u>19S</u> Range <u>25E</u> NMPM County <u>Eddy</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3415 GR	

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 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 checked="" type="checkbox"/> Drilling/Cement	

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.

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.  
3/29/20 MIRU, drill 12-1/4" hole to 1275'. RIH & set 9-5/8" 36# J-55 BTC csg @ 1275', pump 30bbl FWS then cmt w/ 390sxs class C lead w/ 12.8ppg 1.65 yield followed by 235sxs class C tail w/ additives 14.8ppg 1.34 yield. Full returns throughout job, circ 217sxs cmt to surface. WOC. 3/31/20 NU BOP, test to 2500# low 2500# high, good test. Test 9-5/8" csg to 1940# for 30 minutes, good test. Drill 8-3/4" hole to 8636'. RIH & set 7" 32# L-80 BTC csg @ 3164', then crossover and set 5-1/2" 20# L-80 BK-HT csg @ 8636', pump 40bbl spacer then cmt w/ 841sxs class C w/ additives 12.8ppg 1.57 yield followed by tail job w/ 1245sxs class C w/ additives 14.8ppg 1.33 yield. Full returns throughout job, circ 176sxs cmt to surface. WOC 4/6/20 install nightcap, rig down and rig release. 3/29/2020 Spudded well.

Casing and Cement Program

Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Dpth	Pres Held	Pres Drop	Open Hole
03/29/20	Surf	FreshWater	12.25	9.625	36	J-55	0	1275	625	1.65	C		2816	0	N
04/05/20	Prod	FreshWater	8.75	7	32	L-80	0	3164	1245	1.57	C		7272	0	N
04/05/20	Prod	FreshWater	8.75	5	20	L-80	0	8636	1245	1.57	C		7352	0	N

Spud Date:

03/29/2020

Rig Release Date:

04/06/2020

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

SIGNATURE Sarah Chapman TITLE Regulatory Director DATE 08/19/2020

Type or print name Sarah Chapman E-mail address: schapman@spurepllc.com PHONE: 832-930-8613

For State Use Only

APPROVED BY: Accepted for Record TITLE Record Cleanup from approved C-103 in well files. DATE 8/21/2020 AB  
Conditions of Approval (if any):