

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 August 1, 2011

WELL API NO. 30-015-40135	
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 Onyx PWU 29	
8. Well Number 5H	
9. OGRID Number 6137	
10. Pool name or Wildcat Parkway West; Bone Spring	
4. Well Location Unit Letter <u>D</u> : <u>450</u> feet from the <u>North</u> line and <u>140</u> feet from the <u>West</u> line Section <u>28</u> Township <u>19S</u> Range <u>29E</u> NMPM Eddy County, NM	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3320.9GL	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER:
☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: Drilling Operations
☒

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.

7/31/12 – 9/15/12: MIRU. RUWL PT to 1,000#. RIH CBL w/ TOC @ 160'. RDWL. PT to 7500 psi. RDWL. MIRU PU PBTD @ 11,812'. PT to 5000 psi. Open up WH. Perf 8 stages 7,230 – 11,803'. Total 143 holes. Stimulate w/ 24,000g HCL; 30,094 bbls Delta Frac 140 R; 1,998,643# white sd 20/40. DO plugs. RIH w/ tbg w/ wash shoe. ND BOP, NU WH. TOP

Provide tbg detail wt, grade, size, depth

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

SIGNATURE: Melanie Crawford TITLE: Regulatory Analyst DATE: 10/17/12

Type or print name: Melanie Crawford E-mail address: melanie.crawford@dmn.com PHONE: 405-552-4524

For State Use Only

APPROVED BY: AR Dade TITLE: Dist # Supervisor DATE: 10/24/12

Conditions of Approval (if any):