

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. 30-015-34150
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 34361
7. Lease Name or Unit Agreement Name Stiletto '16' State
8. Well Number 2
9. OGRID Number 06742
10. Pool name or Wildcat Cemetery Morrow

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 ☐

2. Name of Operator
Echo Production, Inc.

3. Address of Operator
PO Box 1210, Graham, TX 76450

4. Well Location
Unit Letter M : 990 feet from the south line and 725 feet from the west line
Section 16 Township 20S Range 25E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3496' GR

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 - New Well <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.

9/15/05 Perforate Morrow 9343-47', 9404-12', 9418-22', 9436', 9438', 9446', 9456', 9458', 9465', 9467', 9472', 9474', 9479', 9499', 9501' & 9567-73'. Total 28 holes.

9/16/05 Acidized w/3000 gals 7 1/2% NEFE. Flowed back 35 BLW.

9/17/05 Flowed well @1.6 MMCF/D w/730# TP to recover load water. SI pending fracture treatment.

9/19/05 Frac'd well w/70,000 gals 60% CO₂ & 69,000# 18/40 prop.

9/20/05 Flowing back load.

9/21/05 WL set packer w/plug @9253'. Ran 2 3/8" 47# N-80 tbg & latched packer.

9/22/05 Pull plug from packer & ran 4 pt test (attached). Maximum rate on test 5739 MCF/D @ 1560# FTP.

9/23/05 Shut well in pending pipeline connection.

10/07/05 Tied well into sales line @ 2:00 pm. SITP 2775#. Well flowing at 3.4 MMCF/D @ 2600#.

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 NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Tom Golden Tom Golden TITLE Operation Manager DATE 10/10/05

Type or print name Tom Golden E-mail address: rondaw@echoproduct.com Telephone No. 940-549-3292

For State Use Only

FOR RECORDS ONLY

APPROVED BY: _____ TITLE _____ DATE OCT 13 2005