

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

Form C-103  
 Revised July 18, 2013

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-015-25003
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Tactical Oil and Gas LLC		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 12847 Odessa TX 79768		7. Lease Name or Unit Agreement Name DAGGER DRAW SWD
4. Well Location Unit Letter <u>E</u> : <u>1495</u> feet from the <u>NORTH</u> line and <u>225</u> feet from the <u>WEST</u> line Section <u>22</u> Township <u>19 S</u> Range <u>25 E</u> NMPM County <u>Eddy</u>		8. Well Number 001
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3468.1 GL		9. OGRID Number 370776
10. Pool name or Wildcat Cisco/canyon (96186)		

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: MIT <input checked="" type="checkbox"/>	
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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.

MIT performed and passed 11/6/18

Spud Date:

Rig Release Date:

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

SIGNATURE *David H. Alvarado* TITLE Acting Agent for Tactical Oil & Gas, LLC DATE 11/6/18

Type or print name David H. Alvarado E-mail address: davidal00136@gmail.com PHONE: (575)-513-1238

**For State Use Only**

APPROVED BY: *D. Dull* TITLE Compliance Officer DATE 11-8-18  
 Conditions of Approval (if any):

State of New Mexico  
Energy, Minerals and Natural Resources Department

Susana Martinez  
Governor

Ken McQueen  
Cabinet Secretary

Matthias Sayer  
Deputy Cabinet

Heather Riley, Division Director  
Oil Conservation Division



Date 11-6-18

API # 30-0 15-25003

Dear Operator:

I have this date performed a Mechanical Integrity Test on the Dagger Draw SWD 001

If this test was successful the original chart has been retained by the operator. Send a legible scan of the chart with form C-103 indicating reason for test. It will be scanned into the well file in 7 to 10 days (pending receipt of legible scan and form C-103). The well files are located at [www.emnrd.state.nm.us/ocd/OCDOnline.htm](http://www.emnrd.state.nm.us/ocd/OCDOnline.htm)

If this test was unsuccessful the original chart has been returned to the operator pending repair and retest of the well, which must be accomplished within 90 days. If this is a test of a repaired well, previously in non-compliance, all dates and requirements of the original non-compliance are still in effect. No expectation of extension should be construed because of this test.

If this test was for Temporary Abandonment include in your detailed description, on Form C-103, the location of the CIBP and any other tubular goods in the well, as well as your request for TA status. Include how long you are requesting the TA status for.

If this is a successful test of a repaired well you must submit a form C-103 to NMOCD within 30 days. This C-103 must include a **detailed** description of the repair to the well. Only after receipt of the C-103 will the non-compliance be closed.

If this is a successful Initial Test of an injection well you must submit a form C-103 to NMOCD within 30 days. This C-103 must include a **detailed** description of the work done on this well **including the position of the packer, tubing information, the date of first injection, the tubing pressure and injection volume.** Contact Rusty Klein at 575-748-1283 x109 to verify all required paperwork has been received before you can begin injection.

If I can be of additional service contact me at (575) 748-1283 Ext 114.

Thank You,

  
Dan Smolik  
Compliance Officer  
District II - Artesia



124 Creole Dr.  
Sovak, LA 70083  
Phone (504) 237-7603  
Fax (504) 237-2676

# Accurate MEASUREMENT, INC.

Phone (504) 237-7603  
Fax (504) 237-2676

## Calibration Certificate

Company Name: APSI  
Recorder Type: Barton  
Recorder Serial #: 295-WC215023  
Recorder Pressure Range: 0-1000# Accuracy  $\pm$  0.2% PSIG  
Temperature Range:          Deg F

Increasing Pressure			Decreasing Pressure		
Applied Pressure	Indicated Pressure	Error%	Applied Pressure	Indicated Pressure	Error%
0.0#	0.0#	0	800#	800#	0
100#	100#	0	600#	600#	0
300#	300#	0	400#	400#	0
500#	500#	0	200#	200#	0
700#	700#	0	0.0#	0.0#	0
1000#	1000#	0			

Temperature Test		
Applied Temperature	Indicated Temperature	Error%

Carrier Calibration Instrument Used  
Gauge, Ordeal  
Deadweight

Remarks

Calibration Date: 11/8/2016

Technician: Clayton H. Richard Greg Sutherland

*Clayton H. Richard*  
6/10