

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, Environment & Natural Resources

Form C-103
Revised July 18, 2013

RECEIVED
MAR 12 2020
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
EMNR-LOC-ARTESIA

WELL API NO. 30-015-
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 James A
8. Well Number
9. OGRID Number 217817
10. Pool name or Wildcat Cabin Lake, Delaware

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 Injection Well

2. Name of Operator
ConocoPhillips Company

3. Address of Operator
P. O. Box 2197, Houston, TX 77252

4. Well Location
Unit Letter _____ feet from the _____ line and _____ feet from the _____ line
Section 2 Township 22S Range 30E NMPM County EDDY

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

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 ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: Bradenhead Test forms ☒

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.

ConocoPhillips Company conducted BH test for the James A 003 (30-015-25758) and James A 012 (30-015-26761)

BH test forms attached.

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 Rhonda Rogers TITLE Regulatory Coordinator DATE 3/9/2020

Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: 832-486-2737

For State Use Only

APPROVED BY: Dea TITLE Compliance Officer DATE 4-1-20

Conditions of Approval (if any):

Landsc
New For

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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

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.)		WELL API NO. 30-015-21572
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator EOG Resources, Inc.		6. State Oil & Gas Lease No. V-2531
3. Address of Operator 104 South Fourth Street, Artesia, NM 88210		7. Lease Name or Unit Agreement Name State D SWD
4. Well Location Unit Letter <u>N</u> : <u>660</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>16</u> Township <u>20S</u> Range <u>24E</u> NMPM <u>Eddy</u> County		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3761'GR		9. OGRID Number 7377
		10. Pool name or Wildcat SWD; Devonian

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 ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: Plugback ☒

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.

EOG Resources, Inc. plans to plugback and abandon the Ellenburger and inject only into the Devonian as follows:

1. MIRU all safety equipment as needed. Kill well as needed throughout the job. POOH with packer and IPC.
2. RIH with a bit and scraper to 10,500'.
3. Set a CIBP at 10,472' with 35' Class "H" cement on top. WOC. Tag TOC at 10,437'.
4. RIH and set packer at 9,642'.
5. Pressure up on tubing and casing annulus to 500 psi for 30 minutes to ensure packer is set.
6. Put wellhead and flow lines back together.
7. Clean location and turn well over to production.

Wellbore schematics attached

RECEIVED

MAR 11 2020

EMNRD-OCDARTESIA

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 Tina Huerta TITLE Regulatory Specialist DATE March 10, 2020

Type or print name Tina Huerta E-mail address: tina.huerta@eogresources.com PHONE: 575-748-4168

For State Use Only

APPROVED BY: D. Doherty TITLE Compliance Officer DATE 4-1-20

Conditions of Approval (if any):

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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

MAR 11 2020

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NMNM120901

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.
JABBERWOCKY 1H

9. API Well No.
30-015-45161-00-X1

10. Field and Pool or Exploratory Area
PURPLE SAGE-WOLFCAMP (GAS)

11. County or Parish, State
EDDY COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
CHEVRON USA INCORPORATED
Contact: LAURA BECERRA
E-Mail: LBECERRA@CHEVRON.COM

3a. Address
6301 DEAUVILLE BLVD
MIDLAND, TX 79706

3b. Phone No. (include area code)
Ph: 432-687-7665

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 12 T24S R31E SESE 367FSL 354FEL
32.225636 N Lat, 103.724136 W Lon

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Hydraulic Fracture
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

8/22/19 - Test prod csg 12,924 psi, 30 min, good test. ✓

10/28/19 - Negative test packer for 30 min. Test to 450/9505 psi for 15/15 min, good test.

12/1/19 - Ran CBL from 12,720' to surface. TOC ~3,710'.

12/2/19-1/14/20 - Perforate & frac from 12,563'-20,320'. Frac w/1,078,102 bbls fluid & 21.4 MM# proppant. RD

1/23/20 - Test BOP 250psi low/6300 psi high, 10 min, good test.

1/25/20 - Drill out plugs & wash perms.

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #503687 verified by the BLM Well Information System
For CHEVRON USA INCORPORATED, sent to the Carlsbad
Committed to AFMSS for processing by PRISCILLA PEREZ on 02/20/2020 (20PP1267SE)

Name (Printed/Typed) LAURA BECERRA

Title REGULATORY SPECIALIST

Signature (Electronic Submission)

Date 02/18/2020

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By **ACCEPTED**

JONATHON SHEPARD
Title PETROLEUM ENGINEER

Date 02/20/2020

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office Carlsbad

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

RUP 3-26-20

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NMNM91078

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

8. Well Name and No.
RANA SALADA FED COM 0605 121H

2. Name of Operator
NOVO OIL AND GAS NORTHERN DELA

Contact: KURT SHIPLEY
Email: kshipley@novoog.com

9. API Well No.
30-015-46076-00-X1

3a. Address
1001 WEST WILSHIRE BOULEVARD SUITE 206
OKLAHOMA CITY, OK 73116

3b. Phone No. (include area code)
Ph: 405-286-3916

10. Field and Pool or Exploratory Area
CULEBRA BLUFF

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 1 T23S R28E 1127FNL 335FEL
32.338951 N Lat, 104.033051 W Lon

11. County or Parish, State
EDDY COUNTY, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
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<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Change to Original A
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	PD

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See attached for detailed plan changes.

Well Location Lot 1

RECEIVED

MAR 20 2020

EMNRD-OCDARTESIA

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #501672 verified by the BLM Well Information System
For NOVO OIL AND GAS NORTHERN DELA, sent to the Carlsbad
Committed to AFMSS for processing by JUANA MEDRANO on 01/31/2020 (20JM0041SE)

Name (Printed/Typed) BRIAN WOOD

Title CONSULTANT

Signature (Electronic Submission)

Date 01/31/2020

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By CODY LAYTON

Title ASSIST FIELD MANAGER LANDS MINERALS

Date 02/18/2020

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Office Carlsbad

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Ruf 3-26-20