

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

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



May 27, 2004

<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. 30-015-35029
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Corkran Energy, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 300 Beardsley Lane, C-204 Austin, TX 78746		7. Lease Name or Unit Agreement Name Renate 16 State Com
4. Well Location Unit Letter A: 660 feet from the North line and 910 feet from the East line Section 16 Township 23S Range 24E NMPM Eddy County		8. Well Number #1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4065'		9. OGRID Number 212226
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Chester
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:**

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

**SUBSEQUENT REPORT OF:**

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

OTHER: Start Completion ☐

OTHER: completion work ☒

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.

10-15-2007 to 10-22-2007 Swab well. GIH w/ CIBP & set @ 10,680'. Cement CIBP 35' w/ type #2 Portland cement to 10,680'. SWI.  
 10-23-2007 GIH w/ BHA & Arrowset 10K pkr., top @ 10,348.92'. Circulate hole w/ 5% KCL, pumped 376 bbls. Max. pump pressure 2 BPM, max pressure 500#. ND BOP, set pkr 2/ 12 pts., NU tree & test to 5000#. Test csg. to 500# for 15 min.- held OK. Swab well.  
 10-13-2007 Perforate from 10,556'-10,548', 10,512'-10,520', 10,456'-10,470', 10,442'-10,452 1 spf, 44 holes made. SWI.  
 10-25-2007 Perforate from 10,556'-10,442' 44 holes made. Open well up on 14/64 choke - 640 psi. Bled well down to gas buster. All gas. Open well up all the way. Gas, no fluid, psi -0. Turn well over to testers.  
 10-26-2007 Swab well. Pump 2000 gals 7 1/12% HCL, dropped 88 ball savers, 131 bbls total fluid recovered. ISDP 3850 5 min.- 2571 psi 10 min.- 2405 psi 15 min.- 2149 psi final 2149 psi in 15 min. Inj. rate treating fluid -4 BPM, flush 4.5 BPM, avg. 4 BPM. Treating pressure min. 4060#, max. 6600#, avg. 5854# - max psi 7000#. Used 5% KCL. Open well up on 16/64 choke- flowing KCL to gas buster tank. Open up to 24/64 choke w/ 4 psi. Total flowback 22 bbls. Swab well. SWI.  
 10-27-2007 to 10-30-2007 Swab well.  
 10-30-2007 Install top of tree. Load & pressure csg. & pkr to 1000# for 15 min. Pump 60 bbls 5% KCL. ND wellhed, NU BOP. SWI.  
 10-31-2007 Load tbg. w/ 22 bbls 5% KCL. POH w/ BHA & pkr. Set RBP @ 10,537.39', Set Retrievable pkr. @ 10,523.19'. Test plug to 1000# for 15 min.- OK. Unset pkr POH 6 jts. tbg. Set pkr @ 10,340.30'. Circulate hole w/ 340 bbls 5% KCL. Set pkr. w/ 500# for 10 min. - OK.

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 Angela Lightner TITLE Consultant DATE 12-12-2007

Type or print name AngelaLightner E-mail address: angela@rkford.com Telephone No. 432-682-0440

**For State Use Only** **FOR RECORDS ONLY**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE DEC 17 2007

Conditions of Approval (if any):