

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

WELL API NO. 30-025-09806
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Marlo Sholes B
8. Well Number #002
9. OGBID Number 308339
10. Pool name or Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 **SWD**

2. Name of Operator
CWL SWD operating LLC

3. Address of Operator
8201 Preston Rd Suite 520 Dallas TX 75225

4. Well Location
Unit Letter **P** : **660** feet from the **S** line and **660** feet from the **E** line
Section **25** Township **25 S** Range **36 E** NMPM County **LEA**

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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: UIT	<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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

7-29-20
Performed Bradenhead Test and UIT

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

Jose Cantu

TITLE **Field Supervisor**

DATE **7-29-20**

Type or print name

E-mail address:

PHONE:

For State Use Only

APPROVED BY:

Henry Fort

TITLE **C O A**

DATE **9-29-20**

Conditions of Approval (if any):

HOBBS COO

SEP 29 2020

RECEIVED

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name OWL SWD		API Number 30-025-09806
Property Name Marlo Sholes B		Well No # 2

1. Surface Location

U/L - Lot P	Section 25	Township 25S	Range 36 E	Feet from 660	N/S Line S	Feet From 660	E/W Line E	County LEA
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Well Status

YES	TA'D WELL <input checked="" type="radio"/> NO	YES	SHUT-IN <input checked="" type="radio"/> NO	INJ	INJECTOR <input checked="" type="radio"/> SWD	OIL	PRODUCER	GAS	DATE 7-29-20
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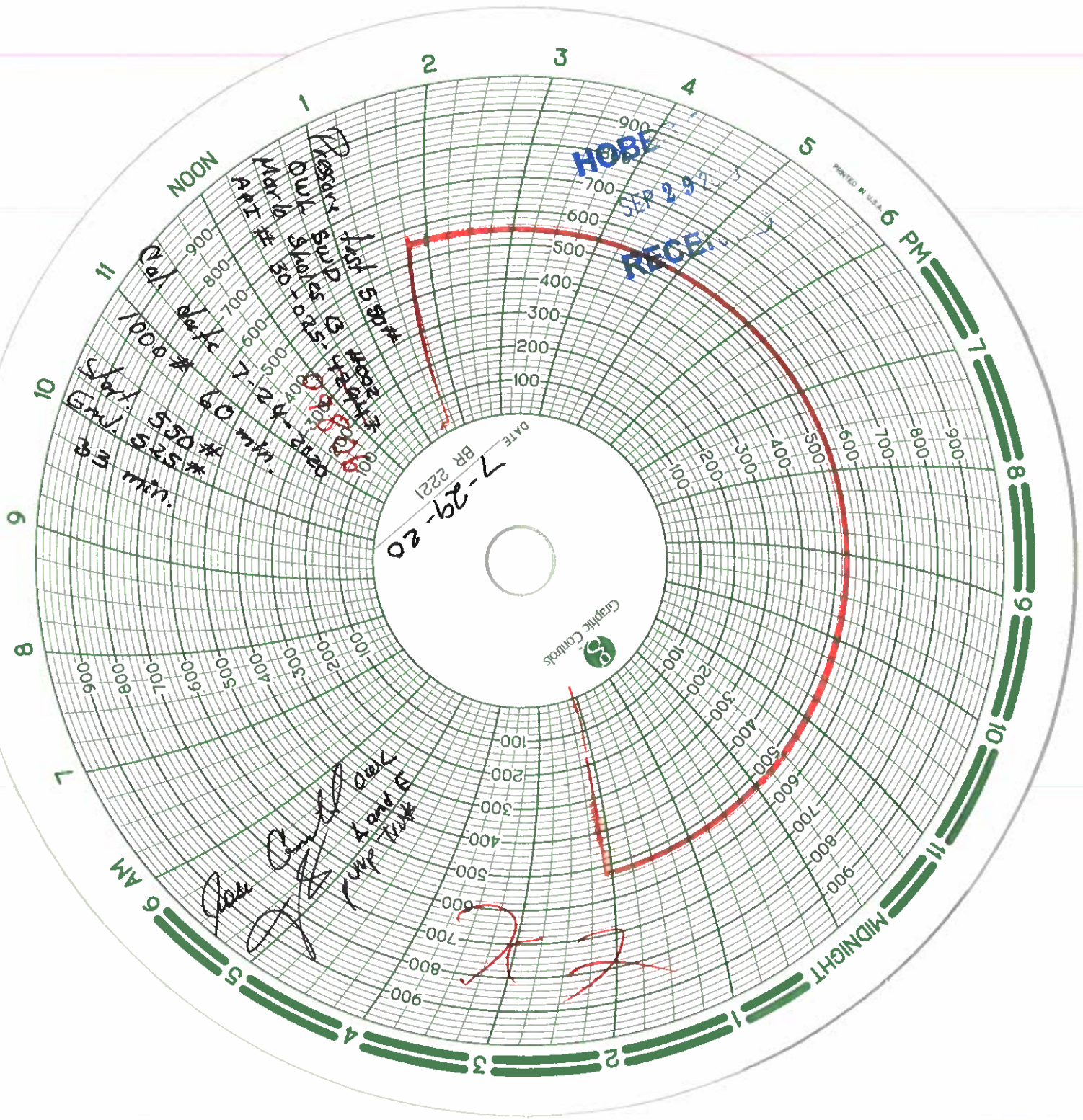
OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod.Csng	(E)Tubing
Pressure		0	N/A	0	540 #
Flow Characteristics					
Puff	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	CO2
Steady Flow	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	WTR
Surges	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	GAS
Down to nothing	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	Type of fluid injected for waterflood if applies
Gas or Oil	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	
Water	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature		OIL CONSERVATION DIVISION
Printed name.		Entered into RBDMS
Title		Re-test
E-mail Address		
Date	Phone	
Witness		

INSTRUCTIONS ON BACK OF THIS FORM



NOON
1000 #
Start 550 #
End 525 #
60 min.
1000 #
Start 550 #
End 525 #
60 min.
1000 #
Start 550 #
End 525 #
60 min.
1000 #
Start 550 #
End 525 #
60 min.

HOBE
SEP 29 2020
RECEIVED

DATE 7-29-20
BR 2221



Joe
7:00 AM
7:00 AM
7:00 AM
7:00 AM
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7:00 AM
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MIDNIGHT