

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. <b>30-025-41463</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>VO-5647</b>
7. Lease Name or Unit Agreement Name <b>Copperhead 18 State</b>
8. Well Number <b>54</b>
9. OGRID Number <b>16696</b>
10. Pool name or Wildcat <b>Triple X Bone Spring, W.</b>

**SUNDRY NOTICES AND REPORTS ON WELLS** **NOV 17 2014 RECEIVED**

(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  
**OX4 USA Inc.**

3. Address of Operator  
**P.O. Box 56250 Midland, TX 79710**

4. Well Location  
 Unit Letter **A** : **360** feet from the **North** line and **915** feet from the **East** line  
 Section **18** Township **24S** Range **33E** NMPM County **Lea**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**3568' GR**

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: <b>Completion</b> <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.

RU CTU 7/17/14, RIH & Tag PBDT @ 15576', pressure test csg to 9800# for 30 min & lost 36# total, test considered good. RIH & perf @ 15506-15240, 15202-15030, 14964-14786, 14696-14518, 14450-14239, 14161-13982, 13908-13714, 13647-13431, 13357-13149, 13089-12882, 12821-12642, 12553-12375, 12285-12134, 12017-11839, 11760-11571, 11482-11280' Total 545 holes. Frac in 16 stages w/ 353438g Treated Water + 51000g 15% HCl acid + 2932457g 20# BXL w/ 3876506# sand, RD Nabor. RIH & clean out well, tag up @ PBDT @ 15576', POOH, RIH with 2-7/8" tbg & pkr & set @ 10517'. RIH w/ gas lift valves, flow to clean up and test well for potential.

Spud Date: **6/11/14**

Rig Release Date: **7/9/14**

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

SIGNATURE **Jana Lynn Mendiola** TITLE **Regulatory Coordinator** DATE **11/11/2014**  
 Type or print name **Jana Lynn Mendiola** E-mail address: **jana.lynn.mendiola@ox4.com** PHONE: **432-685-5936**  
**For State Use Only**

APPROVED BY: **[Signature]** TITLE **Petroleum Engineer** DATE **11/21/14**  
 Conditions of Approval (if any):

NOV 24 2014