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

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

HOBBS OCD
SEP 07 2018
RECEIVED

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-09806

5. Indicate Type of Lease STATE ☐ FEE ☐ * FED

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: Maralo Sholes B

1. Type of Well: Oil Well ☐ Gas Well ☐ Other SWD

8. Well Number: 002

2. Name of Operator: OWL SWD Operating LLC

9. OGRID Number: 308339

3. Address of Operator: 8214 Westchester Dr., Ste 850, Dallas, TX 75225

10. Pool name or Wildcat

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

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)* 3021' GL

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	P AND A	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
DOWNHOLE COMMINGLE	☐						
CLOSED-LOOP SYSTEM	☐						
OTHER:	☐			OTHER: ☐ ✓ UIC mit		x	

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.

NOTE: Bradenhead Test report and MIT from 8/23/2018 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 Ramona Hovey TITLE: Consulting Engineer for OWL SWD Operating, LLC DATE: 9/25/2018

Type or print name Ramona Hovey E-mail address: Ramona@lonquist.com PHONE: 512-600-1777

For State Use Only

APPROVED BY: George Bower TITLE Compliance Supervisor DATE 9/10/18

Conditions of Approval (if any):

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

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

HOBBS OCD
SEP 07 2018
RECEIVED

BRADENHEAD TEST REPORT

Operator Name	API Number
OWL SWD	30-025-09806
Property Name	**Well No.**
MARALO SHOLES B	#2

Surface Location

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

Well Status

TA'D WELL		SHUT-IN		INJECTOR		PRODUCER		DATE
YES	NO	YES	NO	INJ	SWD	OIL	GAS	8-23-18

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	0	0	N/A	0	0
Flow Characteristics					
Puff	Y (N)	Y (N)	Y / N	Y (N)	CO2 ___
Steady Flow	Y (N)	Y (N)	Y / N	Y (N)	WTR ✓
Surges	Y (N)	Y (N)	Y / N	Y (N)	GAS ___
Down to nothing	(Y) / N	(Y) / N	Y / N	(Y) / N	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y (N)	Y (N)	Y / N	Y (N)	
Water	Y (N)	Y (N)	Y / N	Y (N)	

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

UIC

Pump down - Low Water

Need C-103 sent to OCD (Subsequent)

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

INSTRUCTIONS ON BACK OF THIS FORM