

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

Form C-103  
 Revised July 18, 2013

RECEIVED  
 APR 1 2019  
 OCS OGD

WELL API NO. <b>30-025-43360</b>
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 <b>Kimberly SWD</b>
8. Well Number <b>#1</b>
9. OGRID Number <b>308339</b>
10. Pool name or Wildcat <b>SWD, Devonian-Silurian-97 deg</b>

**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

2. Name of Operator **OWL SWD Operating, LLC**

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

4. Well Location  
 Unit Letter **Lot 1** : **1450** feet from the **South** line and **287** feet from the **East** line  
 Section **31** Township **25S** Range **37E** NMPM County **Lea**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**306 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>Initial UIC Test</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.

Spud Date:

**3/18/2019**

Rig Release Date:

**4-30-2019**

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

SIGNATURE *Tyler Richardson* TITLE Superintendent DATE 5-6-2019

Type or print name Tyler Richardson E-mail address: trichardson@oilfieldwater.com PHONE: 432-634-5406

**For State Use Only**

APPROVED BY: *Henry Fata* TITLE Compliance Officer A DATE 5-7-19  
 Conditions of Approval (if any):