

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

HOBBBS OGD  
 MAY 17 2019  
 RECEIVED

WELL API NO. 30-041-20981
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 029852
7. Lease Name or Unit Agreement Name W. L. Perkins
8. Well Number 2
9. OGRID Number 213179
10. Pool name or Wildcat Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4045' GR

**SUNDRY NOTICES AND REPORTS ON WELLS**  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR MUD 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  
H. L. Brown Operating, LLC.

3. Address of Operator  
P. O. Box 2237, Midland, TX. 79702

4. Well Location  
 Unit Letter D : 660' feet from the FNL line and 660' feet from the West line  
 Section 10 Township 8-S Range 37-E NMPM Roosevelt County

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: Completion	

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.

- 12-19-18 Released rig.
- 01-28-19 Run GR-CNL-CBL. Perf Granite Wash 9132-9156'. Acdz'd w/ 2500 gal 7 1/2% NEFE.
- 01-31-19 Swab test 100% water.
- 02-13-19 Set CIBP @ 9102'. Perf Granite Wash 9014-9017', 9027-9032', 8993-9001', 8976-8992' & 8948-8952'. Acdz'd w/ 2500 gal 7 1/2% NEFE.
- 02-18-19 Swab test 100% water.
- 02-28-19 Dump 50' cmt on CIBP @ 9102'. Set CIBP @ 8910'. Perf Penn 8429-8431', 8435-8437', 8461-8467' & 8471-8475'.
- 03-04-19 Acdz'd w/ 2500 gal 15% NEFE.
- 03-05-19 to 03-19-19 Well Testing.
- 03-20-19 Re-acdz'd w/ 2500 gal 15% NEFE.
- 03-21-19 to 04-01-19 Testing well, Shut in.
- 04-09-19 Install plunger lift. Testing well.
- 4-29-19 Rec 2 BO 1 BW 55 mcf

Spud Date: 11-03-2018      Rig Release Date: 12-19-2018

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

SIGNATURE *Kenneth Krawietz* TITLE Operations Manager DATE 05-01-2019

Type or print name Kenneth Krawietz E-mail address: kkrawietz@hlboperating.com PHONE: (432) 688-3727

**For State Use Only**

APPROVED BY: *Saren Sharp* TITLE Staff Mgr DATE 5-29-19  
 Conditions of Approval (if any): \_\_\_\_\_