

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. 30-041-20632
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 VLS
8. Well Number 1
9. OGRID Number 138987
10. Pool name or Wildcat S. Peterson Penn
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4383.8 GR

HOBBS OCD
 JUL 22 2019
 RECEIVED

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 101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
MWS Producing, Inc.

3. Address of Operator
POB 100, Stanton, TX 79782

4. Well Location
 Unit Letter P : 660 feet from the East line and 1300 feet from the South line
 Section 11 Township 6S Range 33E NMPM Roosevelt County

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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.

05/13/2019 Unable to pull packer, Approved by Hobbs OCD to cut tubing @ 5075' cut tubing and POOH

05/14/2019 TIH with tubing and packer, set packer @ 4840'. Squeezed 100sx class C, displaced to 5000' calculated top of cement (CTOC).

05/15/2019 RIH with tubing tagged packer @ 5075' set squeeze packer and pressure casing to 500psi, held.

05/16/2019 OCD Hobbs approved to set CIBP. Set 5 1/2 CIBP @ 5065' circulate well with 10# salt gel mud. RIH w/tubing spot 25sx class C from 5065-4818.

05/22/2019 Contact Kerry w/ OCD casing freepoint @ 2290'. OCD approved cutting casing @ 2020. Cut 5 1/2 at 2020 and POOH w/ 2020' 5 1/2

05/23/2019 RIH with tubing, end of tubing (EOT) @ 4350' spot 25 sx class C 4350 CTOC 4103. POOH to 2070' EOT spot 60sx class C from 2070 CTOC 1817' to cover 5 1/2 casing stub, WOC & TAG. Cement @ 1842' POOH to EOT 462, spot 40sx 462 to CTOC 314

05/24/2019 WOC & TAG @ 374' approved by Kerry w/ OCD. Spot 25sx 100' to surface.

06/17/2019 Cut, cap and install dry hole marker.

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 Michael W. Swinson TITLE President DATE 07/17/2019

Type or print name Michael W. Swinson E-mail address: mswinson@mwsproducing.com PHONE: 432.756.2902
For State Use Only

APPROVED BY: Kerry Forke TITLE Compliance Officer A DATE 8-15-19
 Conditions of Approval (if any)