Submit 3 Copies To Appropriate District State of New Mexico	BS OCD Form C-103
Unice Engage Minorals and Natural Recourse	
District I 1625 N. French Dr., Hobbs, NM 88240	9 20 WELL API NO.
OIL CONSERVATION DEVISIO	
District III 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Azicc, NM 87410 District IV Santa Fe, NM 87505	EIVED 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	" E-6622
87505 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well 🛛 Gas Well 🗌 Other	8. Well Number 54
2. Name of Operator	9. OGRID Number
3. Address of Operator	10. Pool name or Wildcat
P.O. Box 4130, Midland, TX 79704	El Mar (Delaware)
4. Well Location	
Unit Letter <u>E</u> 543 feet from the <u>South</u> line and	2108 feet from the West line
Section 36 Township 26S Range	32E NMPM Lea County
Pit or Below-grade Tank Application 🗌 or Closure	GR, etc.)
Pit typeDepth to GroundwaterDistance from nearest fresh water well	Distance from nearest surface water
· · · · · · · · · · · · · · · · · · ·	bls; Construction Material
12. Check Appropriate Box to Indicate Nature of N	
	SUBSEQUENT REPORT OF: L WORK ALTERING CASING CE DRILLING OPNS. P AND A CEMENT JOB CEMENT JOB
OTHER: Return to Active Status OTHER:	MIT Test
 Describe proposed or completed operations. (Clearly state all pertinent det of starting any proposed work). SEE RULE 1103. For Multiple Completion or recompletion. Requested MIT test. 	ails, and give pertinent dates, including estimated date ons: Attach wellbore diagram of proposed completion
12-09-2013 – Performed request MIT test. Tested casing to 560 PS	I for 30 minutes. Test witnessed by
Mark Whitaker. Chart is attached.	
Test performed pursuant to 3 month TA status requested by C-10	3 Dated 12-02-2013.
Well will be returned to active injector status.	
I hereby certify that the information above is true and complete to the best of my kn grade tank has been/will be constructed or closed according to MOCD guidelines , a general p	owledge and belief. I further certify that any pit or below- ermit i or an (attached) alternative OCD-approved plan .
SIGNATURE	DATE <u>12-09-2013</u>
Type or print name Robert McAlpine E-mail address: Rob@ <u>For State Use Only</u>	Osaharaoper.com Telephone No. 432-697-0967
APPROVED BY: Malak taken	iduce Atter DATE 12-9-20
This Appr	nent Expires 03-09-2014
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DEC 0 6 2014

