

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. 30-025-07936
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 South Carter San Andres Unit
8. Well Number 402
9. OGRID Number 009338
10. Pool name or Wildcat South Carter (San Andres)

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
Great Western Drilling Company

3. Address of Operator
PO Box 1659 Midland, Texas 79702

4. Well Location

Unit Letter F : 1650 feet from the N line and 2310 feet from the W line

Section 8 Township 18S Range 39E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
GL 3628'

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: MP/MB TEST W/ CHART ☒

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.

8/28/2014: TEST CASING TO 540 PSI FOR 30 MINUTES. VERBAL OK TO CONDUCT TEST BY BILL SONNAMAKER (OCD). ORIGINAL CHART IS ATTACHED W/ BRADENHEAD TEST REPORT. WELL IS AN INJECTION WELL.

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 Ralph Skinner Jr. TITLE PRODUCTION FOREMAN DATE 9-8-2014

Type or print name Ralph Skinner Jr. E-mail address: rskinner@gwdc.com PHONE: 575-942-1294

For State Use Only

APPROVED BY: Bill Sonnamaker TITLE Staff Manager DATE 9/9/2014

Conditions of Approval (if any):

FOR RECORD SEP 12 2014

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