

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

OCD – REC'D 9/1/2020

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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.)		WELL API NO. 30-005-20228
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other X Injector		5. Indicate Type of Lease STATE X FEE <input type="checkbox"/>
2. Name of Operator Cambrian Management, Ltd		6. State Oil & Gas Lease No. NM 0174830
3. Address of Operator PO Box 272, Midland, TX 79702		7. Lease Name or Unit Agreement Name Davis N
4. Well Location Unit Letter <u>F</u> : 1980 feet from the <u>North</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>18</u> Township <u>8S</u> Range <u>33E</u> NMPM Chaves County		8. Well Number <u>001</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4447' DF		9. OGRID Number <u>127951</u>
10. Pool name or Wildcat San Andres Chaveroo (SA)		

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK X 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 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.

Per your letter dated 01/10/2020, Cambrian Management was required to run an MIT on this well. It was discovered that this well will not currently pass an MIT at this time as there appears to be a casing leak. Our plan to locate the leak is as follows:

1. Locate and test anchors
2. Move in workover rig
3. Pull packer uphole every 50' testing annulus until casing leak is identified
4. Once leak is identified, a decision will be made to repair the leak or plug the well
5. A subsequent sundry notice will be filed once the leak is found detailing the procedure to be taken to either plug the well or return to injection

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 Denise Jones TITLE Regulatory Analyst DATE 08/31/2020

Type or print name Denise Jones E-mail address: djones@cambrianmgmt.com PHONE: 432-620-9181

For State Use Only

APPROVED BY: Dan D. Molk TITLE Compliance officer DATE 9-4-2020

Conditions of Approval (if any):