

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

HOBBS OCD  
 MAY 06 2013

State of New Mexico  
 Energy, Minerals and Natural Resources  
**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised August 1, 2011

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. <b>30-025-24575-0000</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injection <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>PPC Operating Company LLC</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>1500 Industrial Blvd, Ste 102; Abilene, TX 79602</b>		7. Lease Name or Unit Agreement Name <b>Rhodes Yates Unit</b>
4. Well Location Unit Letter <b>P</b> : <b>660</b> feet from the <b>South</b> line and <b>660</b> feet from the <b>East</b> line Section <b>21</b> Township <b>26S</b> Range <b>37E</b> NMPM County <b>Lea</b>		8. Well Number <b>002</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <b>288774</b>
10. Pool name or Wildcat <b>Rhodes; Yates-Seven Rivers</b>		

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

<b>NOTICE OF INTENTION TO:</b> 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"/>		<b>SUBSEQUENT REPORT OF:</b> 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"/>		OTHER: MIT Test Report <input checked="" type="checkbox"/>	

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.

Well was pressure tested (MIT) 04/05/2013. Report emailed 4/16/13 - failed to include C-103.

Spud Date: **03/04/1943** Rig Release Date: **03/30/1943**

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

SIGNATURE Jana Spraberry TITLE Office Administrator DATE 04/30/2013  
 Type or print name Jana Spraberry E-mail address: jspraberry@plantationpetro.com PHONE: 325-267-6046

**For State Use Only**

APPROVED BY: [Signature] TITLE Dist. Mgr DATE 5-6-2013  
 Conditions of Approval (if any):

MAY 21 2013

HOBBS OGD  
APR 17 2013  
RECEIVED

