

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

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

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-33547	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. 28411	
7. Lease Name or Unit Agreement Name State S	
8. Well Number 001	
9. OGRID Number 19797	
10. Pool name or Wildcat BSW; SALADO	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL Elevation 3458	

1. Type of Well: Oil Well ☐ Gas Well ☐ Other ☒ **BRINE**

2. Name of Operator
Key Energy Services, LLC.

3. Address of Operator
1301 McKinney St., Ste. 1800, Houston, TX. 77010

4. Well Location
Unit Letter **E** : 1340 feet from the **North** line and 330 feet from the **West** line
Section **15** Township **21S** Range **37E** NMPM County **Lea**

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

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

OCD requested formation test, Key began to pressure up cavern on or about November 28, of 2016. Pressure would not exceed 280 psi on casing. 12/2 OCD Fortner indicated cavern lost pressure overnight 280 psi to 240 psi. Failed Test. 12/15/16 OCD orders well to be shut-in and a Casing MIT test to be run. 12/19 Key rigs up to run Casing MIT. OCD requires packer to be set within 50' of shoe. Key encountered downhole issues, had to RUPW and drill out. Passed test on 12/27 520 psg on chart. Chart attached. Key has typical issues re-entering an older well and completed on 12/29/16 with tubing and bit set at approximately 1649'. Put well back on production.

Attachments: Workover log, pressure test chart and OCD communication.

Spud Date: 12/19/16

Rig Release Date: 12/29/16

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

SIGNATURE _____ TITLE **VP QHSE** DATE _____

Type or print name _____ E-mail address: **Khoastone@keyenergy.com** PHONE: _____

For State Use Only

APPROVED BY: **Makay Brown** TITLE **AO/II** DATE **4/4/2017**

Conditions of Approval (if any):

MB

[illegible]

