

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

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 checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" 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 F : 1980 feet from the North line and 1980 feet from the West line Section 18 Township 8-S Range 33 E ✓ NMPM County Chaves		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4447' DF		9. OGRID Number 127951
		10. Pool name or Wildcat San Andres Chavero (SA)

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 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: MIT/Bradenhead Test <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.

Performed MIT and Bradenhead Test on 8-26-14. Results are attached. Notified Bill Sonnemaker prior to performing test.

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 8-27-14

Type or print name Denise Jones E-mail address: djones@cambrianngmt.com PHONE: 432 620-9181
For State Use Only

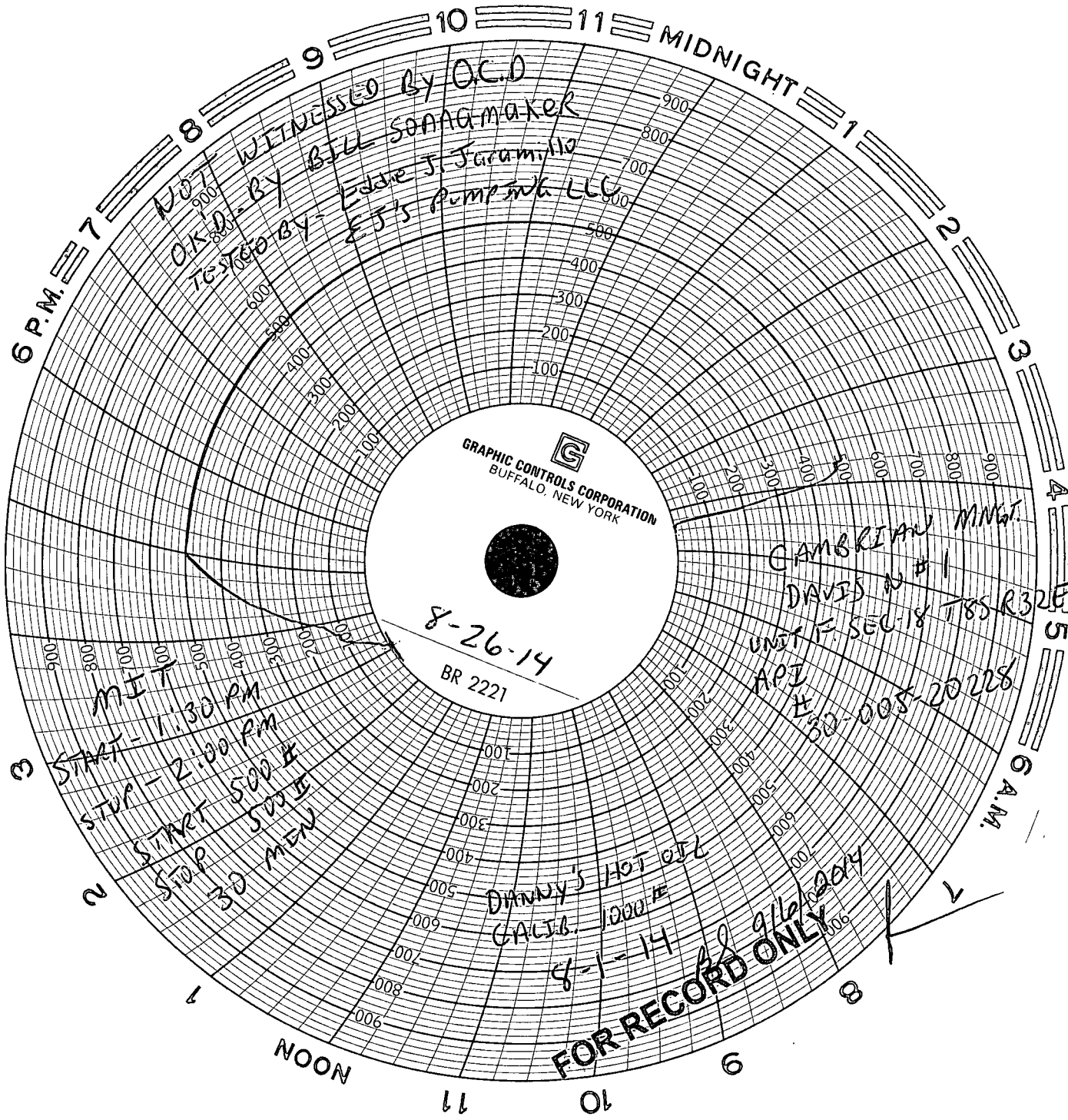
APPROVED BY: Bill Sonnemaker TITLE Staff Manager DATE 9/6/2014

Conditions of Approval (if any):

FOR RECORD ONLY

SEP 11 2014

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NOT WITNESSED BY O.C.D.
OK'D BY BILL SONAGMAKER
TESTED BY Eddie J. Jaramilla
E.J.'s Pumping LLC

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

8-26-14
BR 2221

MIT
START - 1:30 PM
STOP - 2:00 PM
START 500#
STOP 500#
30 MEN

DANNY'S HOT OIL
CALIB. 1000#
8-1-14
AS 9/16/2014

FOR RECORD ONLY

GAMBRIAN MNGT.
DAVIS #1
UNIT # SEC-18 T85R32
API #
30-005-20228