Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District 1	Energy, Minerals and Nati	ıral Resources		May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-025-29526	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION		5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fra		STATE FEE	
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
87505			E-1582	
	ICES AND REPORTS ON WELLS SSALS TO DRILL OR TO DEEPEN OR PL		7. Lease Name or Unit Agree	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			8. Well Number	succelly wit
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other Inj  HOBBS OCD		8. Well Number		
2. Name of Operator	das wen Za other mj		9. OGRID Number	
SUNDO	OWN ENERGY LP	MAY 2 8 2015	232611	
3. Address of Operator 13455 NOEL RD, STE. 2000, D	ALLAS TV 75240	WAI	10. Pool name or Wildcat	
	ALLAS, 1X /3240	RECEIVED	REEVES (QUEEN)	
Unit Letter B: 330 feet from the NORTH line and 1650 feet from the EAST line  Section 28 Township 18S Range 35E NMPM County LEA				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
The State of the S	3913.8' GR			
Pit or Below-grade Tank Application	· <del></del>			
Pit typeDepth to Groundw		<del></del>	tance from nearest surface water	_
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material				
12. Check	Appropriate Box to Indicate N	lature of Notice.	Report or Other Data	
NOTICE OF IN	NTENTION TO:	PRO	VIDE S.R.T. RESU	LTS
PERFORM REMEDIAL WORK		l pi	•	
TEMPORARILY ABANDON		0	SANTA FE OCD F	UR
PULL OR ALTER CASING	MULTIPLE COMPL	C	APPROVAL	
OTHER Step Rate Test		0)	<u>.                                    </u>	
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion				
or recompletion.  Shut in injection well for at least 48 hrs prior to conducting Step Rate test to properly measure the formation parting				
pressure in the zone of interest. Following 48 hrs of shut in time run the down hole pressure gauge to digitally record				
bottom hole pressures during the Step Rate test. Once the bottom hole pressure gauge has been properly run begin				
injecting down the tubing at 5% of the proposed maximum daily injection rate and hold for 30 minutes and allow				
pressure to stabilize. After 30 minutes increase injection rate to 10% of the maximum daily injection rate and hold for				
another 30 minutes and then repeat this process for the following injection rates, 20%, 40%, 60%, 80% and 100% of the				
maximum daily injection rate. Following the completion of the 7 Step Rate test shut in the line valve, note the ISIP and				
allow pressure to bleed-off into the zone of interest. Then plot the injection rate vs the injection pressure to determine				
·				
the formation parting pressure for the zone of interest. This parting pressure should serve as the maximum injection				
pressure for the well that will avoid fracturing the zone of interest.  Note: This well will be known as the Reeves-Queen Waterflood Unit #2 (Order # R-13785, Case # 15048)				
Note: This well will be i	known as the Reeves-Queen Wa	aterflood Unit #2	(Order # R-13/85, Case # 150	48)
I hereby certify that the information grade tank has been/will be constructed o				
SIGNATURE TO SIGNATURE	TITLE	ADMIN. ASST.	DATE 5/22	/2015
Type or print name BELINDA B	RADLEY E-mail address: bbrac	lley@sundownenerg	sy.com Telephone No. 432-943-8	
For State Use Only				
APPROVED BY:	Accepted for R	ecord Only	DATE 5	28/2015
Conditions of Approval (if any):	Mai	HR .		<del></del>
o. mil mision				
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			MAY 28 2015	Ill /