Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103		
<u>District I</u> (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and N	natural Resources	Revised July 18, 2013		
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-08595 5. Indicate Type of Lease	b	
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE X FEE		
<u>District IV</u> ~ (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
SUNDRY NOT	TICES AND REPORTS ON WE		7. Lease Name or Unit Agreement	t Name	
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPL PROPOSALS.)	ICATION FOR PERMIT" (FORM C-10	I) FOR SUCH	Jalmat Field Yates Sand Unit		
1. Type of Well: Oil Well	Gas Well 🗌 Other WIW	- AIIG 28 20	r8. Well Number 106		
2. Name of Operator BREITBURN OPER	ATING -	HUURSS	9. OGRID Number 370080		
3. Address of Operator 1401 McKinney St. Suite	2400, Houston Texas 7	7010 RECEIVE	10. Pool name or Wildcat Jalmat, Tansill-Yates-7 R	ivers	
4. Well Location Unit Letter C	660 feet from the	N line and	1650 feet from the W		
Unit Letter <u>C</u> Section 11	feet from the Township 22S	N line and Range 35E	1650 feet from the W NMPM County LE	line	
	11. Elevation (Show whether	DR, RKB, RT, GR, etc.			
and the second second	3625 KB	3613 GL		1	
12. Check	Appropriate Box to Indicat	e Nature of Notice,	Report or Other Data		
NOTICE OF I	NTENTION TO:	SUB	SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR		SING	
TEMPORARILY ABANDON		CASING/CEMEN			
			_		
CLOSED-LOOP SYSTEM		OTHER: MIT	TEST	X	
13. Describe proposed or com	ork). SEE RULE 19.15.7.14 NI	all pertinent details, an	d give pertinent dates, including esti mpletions: Attach wellbore diagram		
	•				
PERFORM 5 YEAR U	JIC MIT TEST, CHART A	ATTACHED			

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Spud Date:	6/05/1958	Rig Release Date:				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
	De la la					
SIGNATURE	Om Koliben	TITLE FORMAN	_DATE	08/18/2015		
Type or print n	ame CAM ROBBINS	E-mail address: cam.robbins@breitburn.com	PHONE:	432-425-3001		
<u>For State Use</u> Approved E	SY: Bill Somamake	TITLE Staff Manage	_DATE	9/23/2015		
Conditions of <i>I</i>	Approval (if any):					

SEP 2 4 2015

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