Submit I Copy To Appropriate DistrictState of New MexicoForm C-103OfficeDistrict I ~ (575) 393-6161Energy, Minerals and Natural ResourcesRevised July 18, 20131625 N: French Dr.; Hobbs, NM 88240WELL API NO.Image: Construction of the second secon
District II - (575) 748-1283   OIL CONSERVATION DIVISION   30-025-38830   389     811 S. First St., Artesia, NM 88210   District III - (505) 334-6178   1220 South St. Francis Dr.   5. Indicate Type of Lease     1000 Rio Brazos Rd., Aztec, NM 87410   District IV - (505) 476-3460   Santa Fe, NM 87505   5. Indicate Type of Lease     1220 S. St. Francis Dr., Santa Fe, NM   Santa Fe, NM 87505   6. State Oil & Gas Lease No.
87505   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.) 7. Lease Name or Unit Agreement Name   1. Type of Well: Oil Well Gas Well Other WIW   2. Name of Operator BREITBURN OPERATING AUG 28 2015 9. OGRID Number   3. Address of Operator 10. Pool name or Wildcat
1401 McKinney St. Suite 2400, Houston Texas 77010 Jalmat, Tansill-Yates-7 Rivers   4. Well Location Unit Letter L 1980 feet from the S line and 990 feet from the W line   Section 12 Township 22S Range 35E NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.)   3584 GL   12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   NOTICE OF INTENTION TO:   SUBSEQUENT REPORT OF:

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NOTICE OF INTENTION TO:					SUBSEQUENT REPORT OF:					
	PERFORM REMEDIAL WORK	$\langle \Box \rangle$	PLUG AND ABANDON		REMEDIA	L WORK		ALTERING C	ASING	
	TEMPORARILY ABANDON		CHANGE PLANS		COMMEN	CE DRILLING OF	NS.	P AND A		
	PULL OR ALTER CASING		MULTIPLE COMPL		CASING/C	EMENT JOB				
	DOWNHOLE COMMINGLE				i					
	CLOSED-LOOP SYSTEM								~	
_	OTHER:				OTHER:	MIT TEST				X
	13. Describe proposed or c	comple	eted operations. (Clearly	state all r	pertinent det	ails, and give per	tinent date	es, including es	timated	d date

 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.

## PERFORM 5 YEAR UIC MIT TEST, CHART ATTACHED

 $\checkmark$ 

Spud Date:	05/20/2008	Rig Release Date:							
I hereby certify that the information above is true and complete to the best of my knowledge and belief.									
SIGNATURE	Can Nother	TITLE FORMAN	_DATE	08/18/2015					
Type or print	name CAM ROBBINS	E-mail address: cam.robbins@breitburn.com	PHONE:	432-425-3001					
For State Use	BY: Bilf Serramak	TITLE Staff Manager	_DATE	9123/2015					
Conditions of Approval (if any):									

