

HOT

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

Form C-103  
 Revised July 18, 2013

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

|   |  |  |
|---|--|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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.<br>30-025-12038   |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injection   |  | 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator<br>PPC OPERATING COMPANY LLC  |  | 6. State Oil & Gas Lease No.   |
| 3. Address of Operator<br>1500 INDUSTRIAL BLVD., STE. 304; ABILENE, TX 79602  |  | 7. Lease Name or Unit Agreement Name<br>W H Rhodes A Federal                             |
| 4. Well Location<br>Unit Letter <u>L</u> : <u>1980</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line<br>Section <u>22</u> Township <u>26S</u> Range <u>37E</u> NMPM County <u>LEA</u> |  | 8. Well Number <u>006</u>  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>2987 DF   |  | 9. OGRID Number<br>288774  |
|   |  | 10. Pool name or Wildcat<br>RHODES; YATES-SEVEN RIVERS                                   |

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 TESTING <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.

An MIT TEST WAS PERFORMED ON 03/16/2016 & WITNESSED BY CARL FLOWERS. TEST REPORT & CHART ATTACHED.

Spud Date:

04/25/1945

Rig Release Date:

05/15/1945

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

SIGNATURE Jana Spraberry TITLE OFFICE ADMINISTRATOR DATE 03/21/2016

Type or print name JANA SPRABERRY E-mail address: jspraberry@plantationpetro.com PHONE: 325-267-6050

For State Use Only

APPROVED BY: Bel Samanah TITLE Staff Manager DATE 4/1/16

Conditions of Approval (if any):

06  
 APR 11 2016



HOBBS CCD

MAR 31 2016

RECEIVED

