

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

WELL API NO. 30-025-21953	✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name W H RHODES B FEDERAL NCT-1	✓
8. Well Number 015	✓
9. OGRID Number 288774	✓
10. Pool name or Wildcat RHODES; YATES-SEVEN RIVERS	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2994 DF	

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.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other Injection ☐

2. Name of Operator
PPC OPERATING COMPANY LLC

3. Address of Operator
1500 INDUSTRIAL BLVD., STE. 304; ABILENE, TX 79602

4. Well Location
Unit Letter A : 660 feet from the NORTH line and 660 feet from the EAST line
Section 27 Township 26S Range 37E NMPM County LEA

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 ATTACHED. WE WERE UNABLE TO OBTAIN TEST CHART. A REQUEST FOR APPROVAL TO PLUG HAS BEEN SUBMITTED TO THE BLM.

Failure

Spud Date:

01/09/1967

Rig Release Date:

01/18/1967

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: MSB/000 TITLE MSB/000 DATE 6/15/2016

Conditions of Approval (if any):

Accepted for Record Only

Accepted for Record Only