Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103 Revised July 18, 2013	
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources		
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	OIL CONSERVATION DIVISION 1220 South St. Francis Br. OCD Santa Fe, NM 87505 0CT 1 02017	WELL API NO. 30-025-12064 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. B-1431	
SUNDRY NOTICE (DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR. USE "APPLICAT PROPOSALS.)	7. Lease Name or Unit Agreement Name Rhodes Yates Unit		
1. Type of Well: Oil Well G	8. Well Number 8		
2. Name of Operator	9. OGRID Number		
HPPC, Inc.	371698		
Address of Operator	10. Pool name or Wildcat		
306 West Wall Suite 209; Midland, T	Rhodes Yates Seven Rivers		
4. Well Location			
Unit Letter E :_ 187	75feet from theNorthline and	765feet from theWestline	
Section 27	Township 26S Range 37E	NMPM Rhodes Field County Lea	
	11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2980 GL		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPNS.	P AND A
PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CEMENT JOB	
DOWNHOLE COMMINGLE				2
CLOSED-LOOP SYSTEM				
OTHER:			OTHER:	

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.

-Rigged Up and POOH with old packer which was damaged; Ran in Hole with new packer and set at original depth. Set packer in tension and ran pressure test at 500 psig for 30 minutes. Good Test.

Packer dept = 3070

Spud Date:

8/26/1943 7/31/1943 **Rig Release Date:** I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Vice President DATE 9/29/2017 SIGNATURE Type or print name ___Rajan Prasad _____ E-mail address: rajan.prasad@hppcinc.com PHONE: 432-557-5067

For State Use Only APPROVED BY: <u>Xerry Jothen</u> TITLE <u>Compliance</u> Office DATE 10-10-17 Conditions of Approval (if any):