

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
HOBBS Energy, Minerals and Natural Resources
CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

MAR 06 2019
 RECEIVED

| | | |
|--|--|---|
| 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.) | | WELL API NO. 30-025-04026 |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator Rhombus Operating Co., Ltd. | | 6. State Oil & Gas Lease No. |
| 3. Address of Operator P.O. Box 627, Littleton, CO 80160-0627 | | 7. Lease Name or Unit Agreement Name Northwest Eumont Unit |
| 4. Well Location Unit Letter <u>J</u> : <u>1780</u> feet from the <u>South</u> line and <u>1650</u> feet from the <u>East</u> line Section <u>22</u> Township <u>19S</u> Range <u>36E</u> NMPM County <u>Lea</u> | | 8. Well Number <u>127</u> |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | 9. OGRID Number <u>19111</u> |
| 10. Pool name or Wildcat Eumont Yates <u>TRVRS-2</u> | | |

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

| | | | |
|---|--|---|--|
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <u>TA extension</u> <input checked="" type="checkbox"/> | | SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <u>TA EXTENSION</u> <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.

3/5/18 MIRU pump truck & chart recorder. Pressure up casing and held. See attached chart for details. RDMO pump truck.

This Approval of Temporary Abandonment Expires 3/5/2019

Spud Date: Rig Release Date:

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

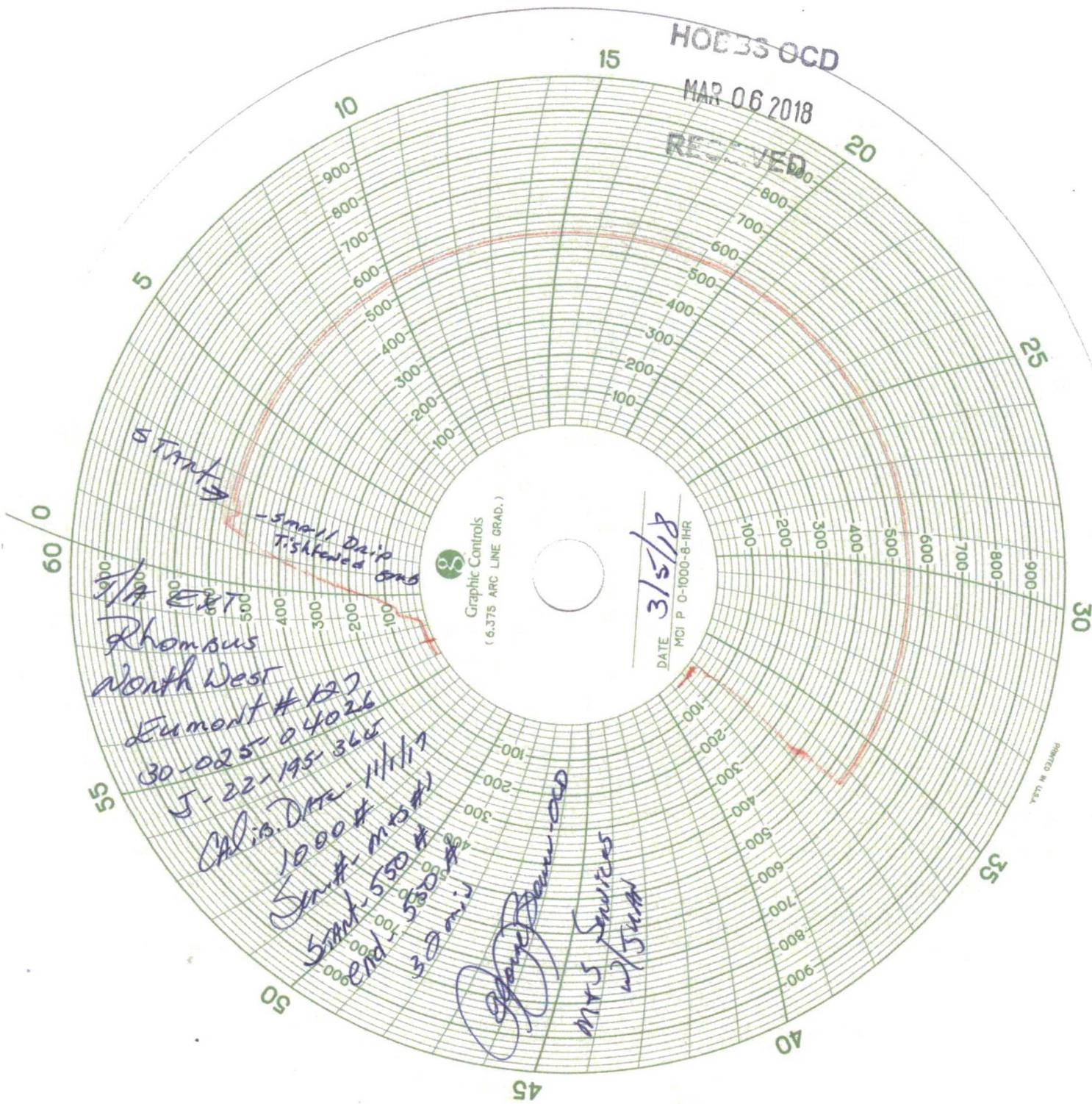
SIGNATURE Cindy Shoop TITLE Office Manager DATE 3/5/18
 Type or print name _____ E-mail address: _____ PHONE: _____
For State Use Only
 APPROVED BY: Mary Brown TITLE AO/II DATE 3/6/2018
 Conditions of Approval (if any): _____

MB

HOEBS OCD

MAR 06 2018

RECEIVED



Graphic Controls
 (6.375 ARC LINE GRAD.)

DATE 3/5/18
 MCI P 0-1000-8-IHR

1/4 EXT
 Rhombus
 North West
 Element # 127
 30-025-04026
 J-22-195-364
 CALIB DATE 11/1/17
 1000#
 Start - MTS #1
 500#
 End - 580#
 30 mil

[Signature]
 MTS Services
 2/5/18

PRINTED IN U.S.A.

District I
 1625 N. French Dr., Hobbs, NM 88240
 Phone: (575) 393-6161 Fax: (575) 393-0720

State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

| | |
|---|-----------------------------------|
| Operator Name <i>Rhombus</i> | API Number <i>30-025-04026</i> |
| Property Name <i>Northwest Lyman</i> | Well No. <i>127</i> |

| Surface Location | | | | | | | | | |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|--|
| UL - Lot <i>5</i> | Section <i>22</i> | Township <i>19S</i> | Range <i>36E</i> | Feet from <i>1780</i> | N/S Line <i>S</i> | Feet From <i>1650</i> | E/W Line <i>E</i> | County <i>Lea</i> | |

| Well Status | | | | | | | | | |
|---|-----------------------------|---|-----------------------------|------------------------------|------------------------------|---|------------------------------|-----------------------|--|
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> INJ | <input type="checkbox"/> SWD | <input checked="" type="checkbox"/> OIL | <input type="checkbox"/> GAS | DATE <i>3/5/18</i> | |

OBSERVED DATA

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing |
|----------------------|------------|--------------|--------------|-------------|---|
| Pressure | <i>φ</i> | <i>—</i> | <i>—</i> | <i>φ</i> | <i>φ</i> |
| Flow Characteristics | | | | | |
| Puff | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | CO2 <input type="checkbox"/> |
| Steady Flow | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | WTR <input type="checkbox"/> |
| Surges | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | GAS <input type="checkbox"/> |
| Down to nothing | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | Type of Fluid Injected for Waterflood if applies. |
| Gas or Oil | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | |
| Water | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | |

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

| | |
|-----------------------|---------------------------|
| Signature: | OIL CONSERVATION DIVISION |
| Printed name: | Entered into RBDMS |
| Title: | Re-test |
| E-mail Address: | |
| Date: <i>3/5/18</i> | Phone: |
| Witness: <i>Rosen</i> | |

INSTRUCTIONS ON BACK OF THIS FORM