

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

Form C-103  
Revised July 18, 2013

WELL API NO.	30-025-28224
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	PEARL STATE
8. Well Number	2
9. OGRID Number	310761
10. Pool name or Wildcat	SCARB SOUTHEAST (WOLFCAMP)
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3,830' RKB

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD
2. Name of Operator OASIS WATER SOLUTIONS, LLC
3. Address of Operator P.O. BOX 36 MONUMENT, NM 88265
4. Well Location Unit Letter J : 1,980 feet from the SOUTH line and 1,980 feet from the EAST line Section 10 Township 19S Range 35E NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,830' RKB

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: MIT TEST <input checked="" type="checkbox"/>		OTHER: <input 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.

SCHEDULE POST W/O MIT TEST FOLLOWING REPLACEMENT OF 3-1/2" INJECTION TUBING IPC LINED WITH NEW STRING OF 2-7/8", 6.5 PPF, L-80, 8rd EUE TUBING WITH NOX TUBOSCOPE TK FIBERGLASS LINER SYSTEM. REDRESSED AS AS-1X 5-1/2" X 2-7/8" NP PACKER WITH 1.87" PROFILE. PACKER EST @ 10,463' KB.

**Condition of Approval: notify  
OCD Hobbs office 24 hours  
prior of running MIT Test & Chart**

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 [Signature] TITLE CONSULTANT DATE 05/04/2018

Type or print name MICHAEL STEWART E-mail address: MSTEWART@HELMISOIL.COM PHONE: (432) 682-1122

For State Use Only

APPROVED BY: [Signature] TITLE AO/II DATE 5/9/2018

Conditions of Approval (if any):