

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. 30-025-28244	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)	

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 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 : 1980 feet from the South line and 1980 feet from the East line  
Section 10 Township 19S Range 35E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3830 RKB

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: Post Workover MIT ☒

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.

5/9/18 MIRU McClaskey pump truck on 5-1/2" x 2-7/8" annulus with chart recorder. Chart attached.

Pressure up on annulus to 560 psi. Hold and chart pressure for 32 mins with no gain or drop.

Test witnessed by Mr. Kerry Fortner w/ NMOCD.

Bradenhead test also performed & attached.

Well is ready to return to injection following replacement of faulty 3-1/2" refurbished tubing with a new string of 2-7/8", 6.5 ppf, L-80, 8rd EUE NOV Tuboscope Fiberglass TK lined tubing set in a 5-1/2" x 2-7/8" Arrowset IX NP packer w/ on/off tool & 1.87" profile nipple @ 10,468'

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 Agent - HeLMS Oil & Gas DATE 5/10/18

Type or print name Michael Stewart E-mail address: mstewart@helmsoil.com PHONE: (432) 682-1122

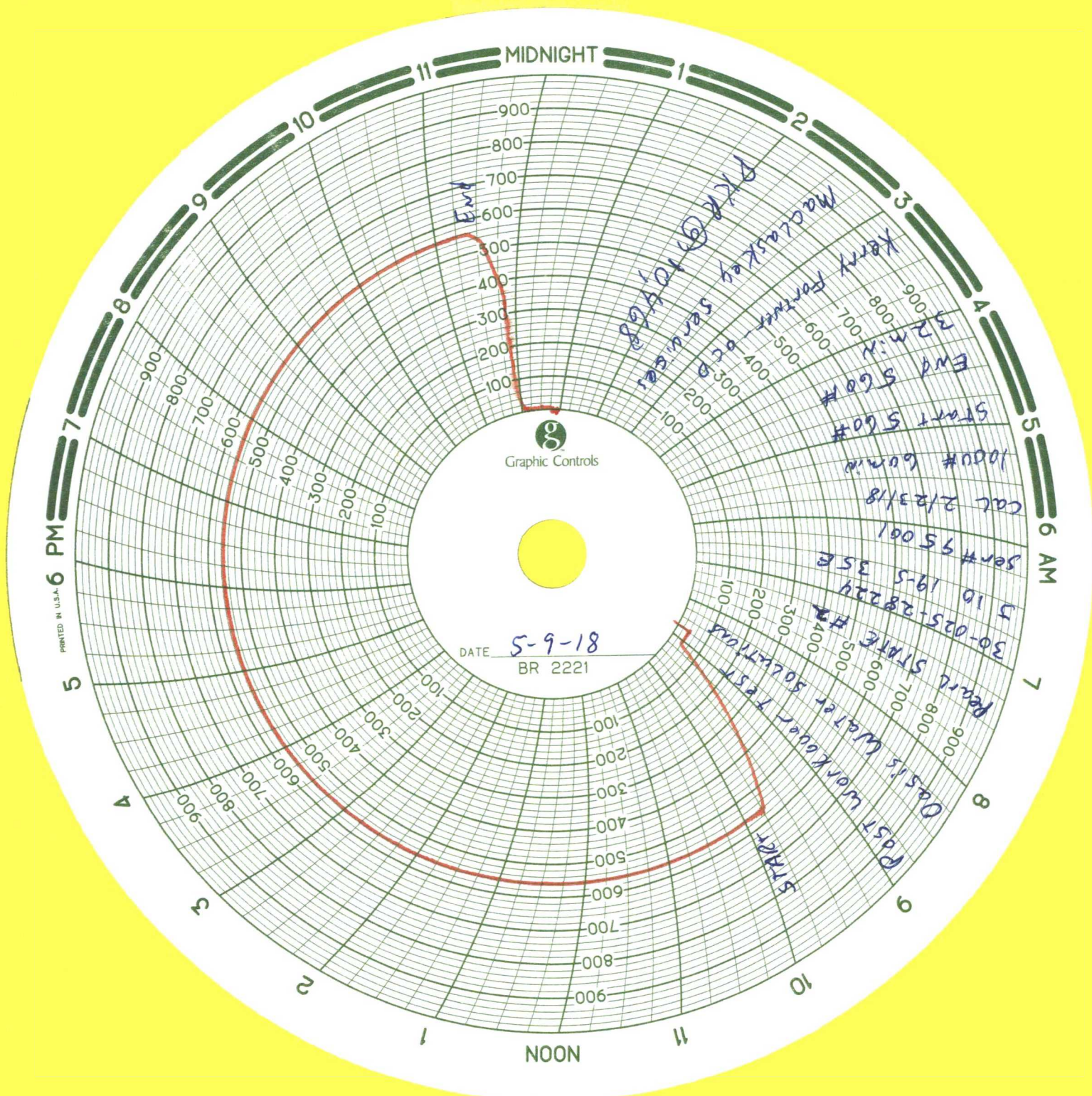
For State Use Only

APPROVED BY: [Signature] TITLE AO/II DATE 5/15/2018

Conditions of Approval (if any):

RBDMS - CHART - ✓







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

BRADENHEAD TEST REPORT

Operator Name <b>Oasis Water Solutions, LLC</b>		API Number <b>30-025-28224</b>
Property Name <b>Pearl STATE</b>		Well No. <b>002</b>

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>5</b>	<b>10</b>	<b>19-S</b>	<b>35-E</b>	<b>1980</b>	<b>S</b>	<b>1980</b>	<b>E</b>	<b>Lea</b>

Well Status

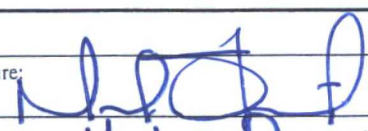
TA'D WELL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	INJECTOR INJ <input type="checkbox"/> <b>8WD</b> <input checked="" type="checkbox"/>	PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE <b>5-9-18</b>
----------------------------------------------------------------------------------	--------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>0</b>	<b>0</b>	<b>*</b>	<b>0</b>	<b>0</b>
Flow Characteristics					<b>not IWS</b>
Puff	Y / <b>0</b>	Y / <b>0</b>	Y / N	Y / N	CO2 <input type="checkbox"/>
Steady Flow	Y / <b>0</b>	Y / <b>0</b>	Y / N	Y / N	WTR <input checked="" type="checkbox"/>
Surges	Y / <b>0</b>	Y / <b>0</b>	Y / N	Y / N	GAS <input type="checkbox"/>
Down to nothing	<b>0</b> / N	<b>0</b> / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / <b>0</b>	Y / <b>0</b>	Y / N	Y / N	Injected for
Water	Y / <b>0</b>	Y / <b>0</b>	Y / N	Y / N	Waterflood if
					applies.

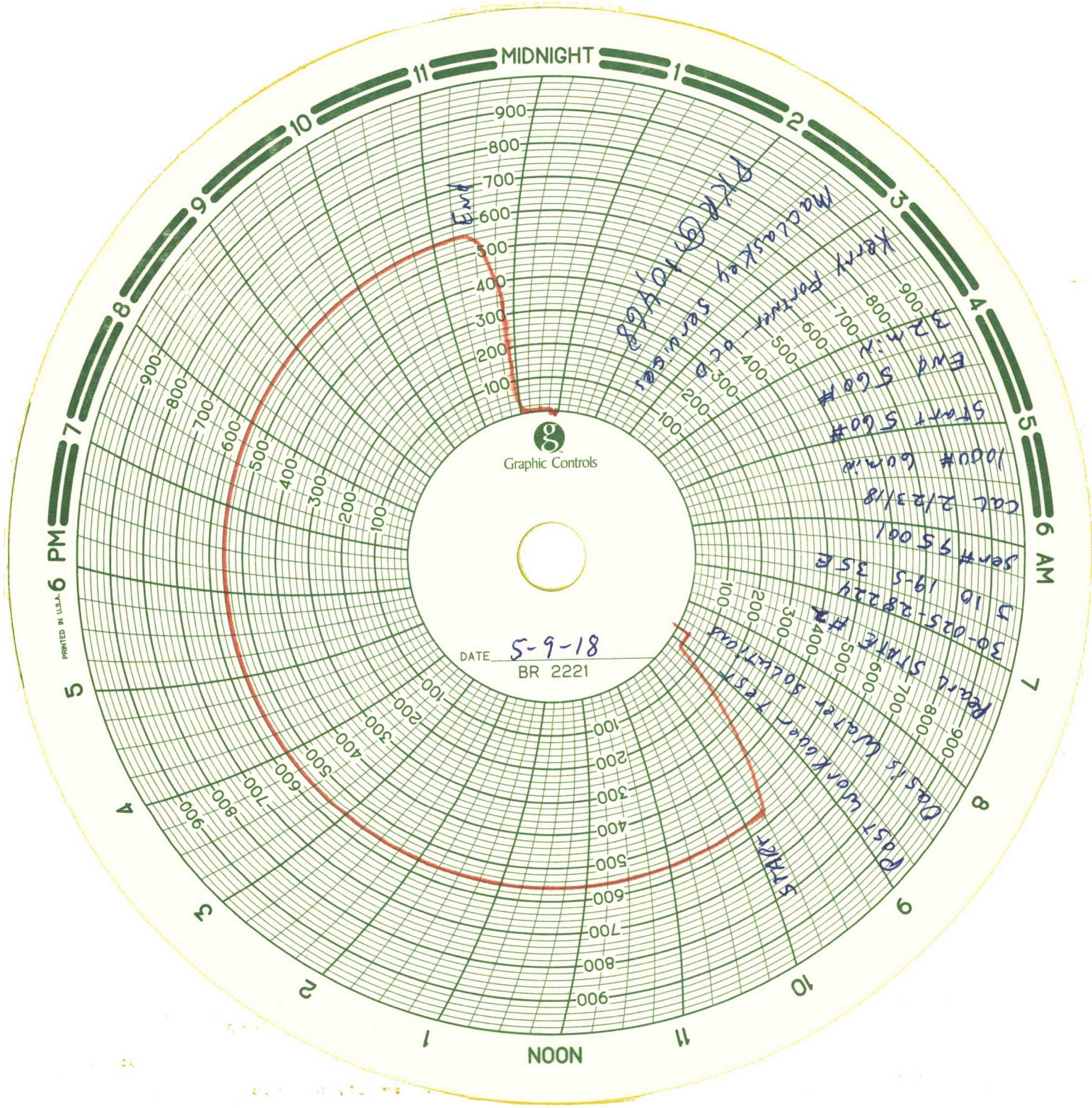
Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

POST Workover  
David MacLuskey Ser # 95001  
PKR @ 10,468 cal 2-23-18

Signature: 	OIL CONSERVATION DIVISION
Printed name: <b>MICHAEL STEWART</b>	Entered into RBDMS
Title: <b>Asst. Mgr. HELM OIL &amp; GAS, LLC</b>	Re-test
E-mail Address: <b>mstewart@helm oil.com</b>	
Date: <b>5-9-18</b>	Phone:
Witness: <b>Kerry Fortner - OCD</b>	
	<b>399-3221</b>

INSTRUCTIONS ON BACK OF THIS FORM





Graphic Controls

DATE

5-9-18  
BR 2221

PRINTED IN U.S.A.