

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

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. 30-025-42208
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other: Acid Gas Injection Well <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> FEDERAL <input checked="" type="checkbox"/>
2. Name of Operator DCP Midstream LP		6. State Oil & Gas Lease No. NMLC065863
3. Address of Operator 370 17 th Street, Suite 2500, Denver, CO 80202		7. Lease Name or Unit Agreement Name Zia AGI
4. Well Location Unit Letter <u>L</u> : <u>2,100</u> feet from the NORTH line and <u>950</u> feet from the WEST line Section <u>19</u> Township <u>19S</u> Range <u>32E</u> NMPM County <u>Lea</u>		8. Well Number #1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,550 (GR)		9. OGRID Number 36785
		10. Pool name or Wildcat AGI: Cherry Canyon/Brushy Canyon

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: (Mechanical Integrity Test) <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.

The MIT was conducted after providing notice to NMOCD on Wednesday, July 18, 2018 at 11:00 am (MT). George Bower, (NMOCD) was on site to witness and approve the test. Below is a step-by-step summary of the MIT and observed results:

- The annular space pressure between casing and tubing was 0 psig at the casing valve prior to the start of the MIT.
- The annular space pressure was opened to a diesel line (pump) and a chart recorder was installed.
- The calibrated pressure chart began recording the annular space pressure at 11:05 am.
- At 11:07 am the pressure was slowly increased by pumping diesel from the truck to achieve a pressure of 600 psig.
- When annulus space pressure reached 600 psig the valve to the pump truck was closed. The MIT began at 11:10 am.
- The chart recorded the annular space pressure for 32 minutes.
- At 11:42 am the annulus pressure was 580 psig, a loss of 20 psig (3.3% decrease).
- The diesel was bled from the annulus to reduce the pressure to 0 psig and the chart recording was stopped.
- Prior to disconnection from the truck, the annular pressure was increased to 300 psig for normal operations.

In addition to the MIT, a Bradenhead test was conducted by the NMOCD by monitoring and recording the annulus space pressures between the intermediate and production casings. They remained unchanged during the MIT.

Please see the attached MIT pressure chart (approved by the NMOCD), calibration information, and Bradenhead test documentation.

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

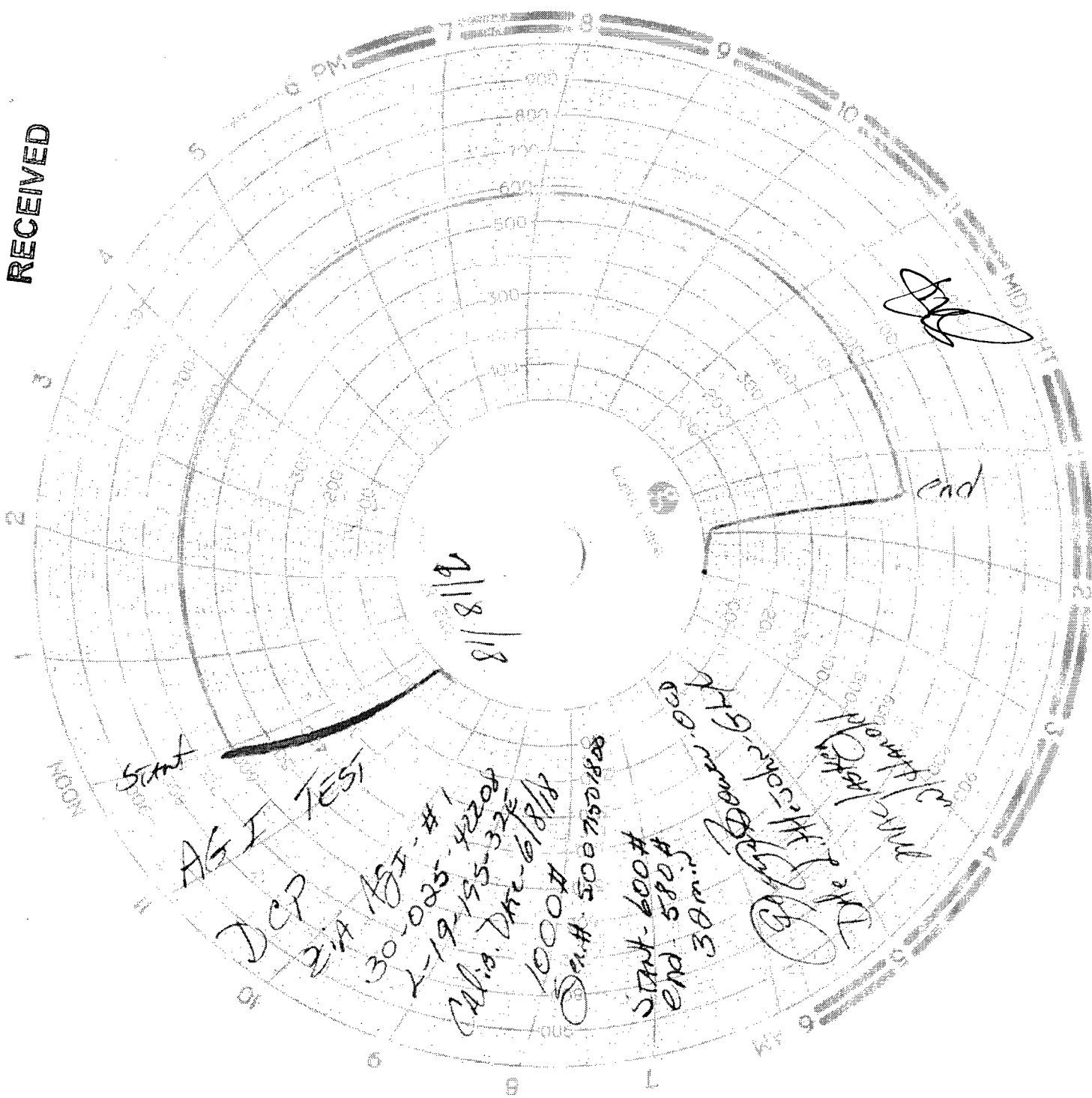
SIGNATURE Dale T Littlejohn TITLE Consultant to DCP Midstream LP DATE 7-18-18

Type or print name Dale T Littlejohn E-mail address: dale@geolex.com PHONE: 505-842-8000

For State Use Only

APPROVED BY: George Bower TITLE Compliance Officer DATE 7/20/18
 Conditions of Approval (if any): Supervisor

RECEIVED



HOBBS OCD

JUL 20 2018

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

(RECEIVED)

BRADENHEAD TEST REPORT

Operator Name <i>DCP</i>		API Number <i>30-025-42208</i>
Property Name <i>ZIA-AGI</i>		Well No. <i>1</i>

Surface Location

Lot <i>12</i>	Section <i>19</i>	Township <i>19S</i>	Range <i>32E</i>	Feet from <i>2100</i>	N/S Line <i>S</i>	Feet From <i>950</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D Well <i>YES</i>	SHUT-IN <i>NO</i>	INJECTOR <i>INJ</i>	PRODUCER <i>OIL</i>	DATE <i>7/18/18</i>
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>N/A</i>	<i>116.8-</i>	<i>-</i>	<i>1.1</i>	<i>1200</i>
Flow Characteristics					
Puff	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	CO2 _____
Steady Flow	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	WTR _____
Surges	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	GAS _____
Down to nothing	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	If applicable type
Gas or Oil	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	fluid injected for
Water	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	Waterflood

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

Int. Csg- Did not change thru Test.

SNB

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date: <i>7/18/18</i>	Phone:	
Witness: <i>Bone</i>		

HOBBS OGD

JUL 20 2018

American Valve & Meter, Inc.

RECEIVED

1113 W. BROADWAY

P.O. BOX 166 HOBBS,
NM 88240

Date: 06/08/18

To: MaLasky

This is to certify that:

I, Justin Harris, technician for American Valve & Meter Service Inc. has completed
the calibration of the following instrument.

8" Pressure Recorder

Ser#50071501800

	Pressure #	
Test	Found	Left
0	10	0
500	510	500
700	710	700
1000	1000+	1000
200	210	200
0	10	0

	* Pressure #	
Test	Found	Left

Remarks: _____

Signature: 