

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161

1625 N. French Dr., I

District II - (575) 741-1283

811 S. First St., Artesia, NM 88210

District III - (505) 334-6177

1000 Rio Brazos Rd., Aztec, NM 87410

District IV - (505) 476-3460

1220 S. St. Francis Dr., S

87505

State of New Mexico

Minerals and Natural Resources

Form C-103

Revised July 18, 2013

WELL API NO.

30-025-28027

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil & Gas Lease No.

LC 029512B

7. Lease Name or Unit Agreement Name

Teas Yates Unit

8. Well Number

1-2

9. OGRID Number

196069

10. Pool name or Wildcat

Teas Yates SR

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 ☐ Injection

2. Name of Operator

Momentum Operating Co., Inc.

3. Address of Operator

P.O. Box 2439 Albany, Texas 76430

4. Well Location

Unit Letter E : 1980 feet from the N line and 10 feet from the W line

Section 18 Township 20S Range 34E NMPM LEA County

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

3614.2 GR

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: PUT BACK ON ☒

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.

On March 25, 2018 we began injecting into the above well with 18 bbl/day

R-7084

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

Megaen Birdwell

TITLE Land Manager

DATE 7/18/2018

Type or print name Megaen Birdwell

E-mail address: megaen@momentumoperating.com

PHONE: 325-762-2366 x 108

For State Use Only

APPROVED BY:

Loren Sharp

TITLE

Staff Mgr

DATE

7-23-18

Conditions of Approval (if any):