Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resource	ces Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	•	20.025.22046
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISIO	5. Indicate Type of Lease
District III – (505) 334-6178	1220 South St. Francis Dr.	STATE FEE S
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	•	
87505	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	
	CATION FOR PERMIT" (FORM C-101) FOR SUCH	SOUTH JUSTIS UNIT G
PROPOSALS.)	Gas Well Other INJECTION	8. Well Number 182
Type of Well: Oil Well Name of Operator	das weil Other INJECTION	9. OGRID Number
	ESERVES OPERATING LP	240974
3. Address of Operator		10. Pool name or Wildcat
PO BOX 108	348, MIDLAND, TX 79702	JUSTIS; BLINEBRY-TUBB-DRINKARD
4. Well Location		
Unit Letter N : 200 feet from the SOUTH line and 2000 feet from the WEST line		
Section 13	Township 25S Range	
ref.	11. Elevation (Show whether DR, RKB, RT, C	GR, etc.)
3079' GR		
12. Cheek Ammonista Day to Indicate Nations of Nation Demont on Other Date		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN	NTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIA	
TEMPORARILY ABANDON	CHANGE PLANS COMMEN	CE DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CEMENT JOB
DOWNHOLE COMMINGLE	_	_
CLOSED-LOOP SYSTEM		
OTHER:		PRESSURE TEST-UIC PURPOSES
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.		
10/30/18 – RAN MIT, PRESSURE CASING TO 470#. WITNESSED BY GEORGE BOWER-NMOCD, CHART		
ATTACHED.		
•	•	•
		•
Spud Date:	Rig Release Date:	
·		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
(D - (A))		
SIGNATURE TOWNS	TITLE COMPLIANCE C	COORDINATOR DATE 11/28/2018
Type or print nameLAURA	PINA E-mail address: _lpina@le	egacylp.com PHONE: <u>432-689-5200</u>
For State Use Only		
APPROVED BY: Kick Kic	KMAN TITLE COMPL. ANCE	e C/6.cen DATE 12-7-18
Conditions of Approval (if any):		

State of New Mexico Energy, Minerals and Natural Resources Department Oil Conservation Division 100 District Office

BRADENHEAD Operator Name API Number Property Name ⁷ Surface Location Township Range UL - Let Section Feet from N/S Line Feet From E/W Line County 200 Well Status INJECTOR TA'D WELL SHUT-IN PRODUCER YES NO YES NO SWD OIL GAS **OBSERVED DATA** (C)Interm(2) (D)Prod Csng (A)Surface (B)Interm(1) (E)Tubing Pressure Flow Characteristics CO₂ Puff Y / N Y / NWTR___ Steady Flow Y / NY / N. GAS Y / NY / N Surges Type of Fluid Down to nothing Y / N Y / NInjected for Waterflood if Gas or Oil Y / N Y / N applies Water Y/NY / N 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 Entered into RBDMS Printed name: Re-test Title: E-mail Address

