

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. 30-025-43470	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> FEDERAL <input type="checkbox"/>	
6. State Oil & Gas Lease No. NA	
7. Lease Name or Unit Agreement Name Monument AGI D	
8. Well Number #2	
9. OGRID Number 24650	
10. Pool name or Wildcat AGI: Devonian	
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 type="checkbox"/> Other: Acid Gas Injection Well <input checked="" type="checkbox"/>	
2. Name of Operator Targa Midstream Services LLC	
3. Address of Operator 1000 Louisiana, Houston, TX 77002	
4. Well Location Unit Letter O : 685 feet from the SOUTH line and 2,362 feet from the EAST line Section 36 Township 19S Range 36E NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,384 (GR)	

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: (COMPLETION) <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 Tuesday, January 22, 2019 at 10:00 am (MT). George Bower and Rick Rickman, (NMOCD) was on site to witness and approve the test. Below is a step-by-step summary and results:

1. The annular space pressure between casing and tubing was 0 psig at the casing valve prior to the start of the MIT.
2. The annular space pressure was opened to a diesel line (pump) and a calibrated chart recorder was installed.
3. The pressure chart began recording the annular space pressure at 10:13 am.
4. At 10:14 am the pressure was slowly increased by pumping diesel from the truck to achieve a pressure of 580 psig.
5. When annulus space pressure reached 580 psig the valve to the pump truck was closed. The MIT began at 10:17 am.
6. The chart recorded the annular space pressure for 32 minutes.
7. At 10:49 am the annulus pressure was 555 psig, a loss of 25 psig (4.3% decrease).
8. The diesel was bled from the annulus to reduce the pressure to 0 psig and the chart recording was stopped.
9. Prior to disconnection from the truck, the annular pressure was increased to 360 psig for normal operations.

In addition to the MIT, a Bradenhead test was conducted by the NMOCD by monitoring and recording the intermediate and surface casing annular space pressures. They remained unchanged during the MIT.

Please see the attached MIT pressure chart (approved by NMOCD), calibration sheet, 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 Targa Midstream LLC DATE 1-22-19

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

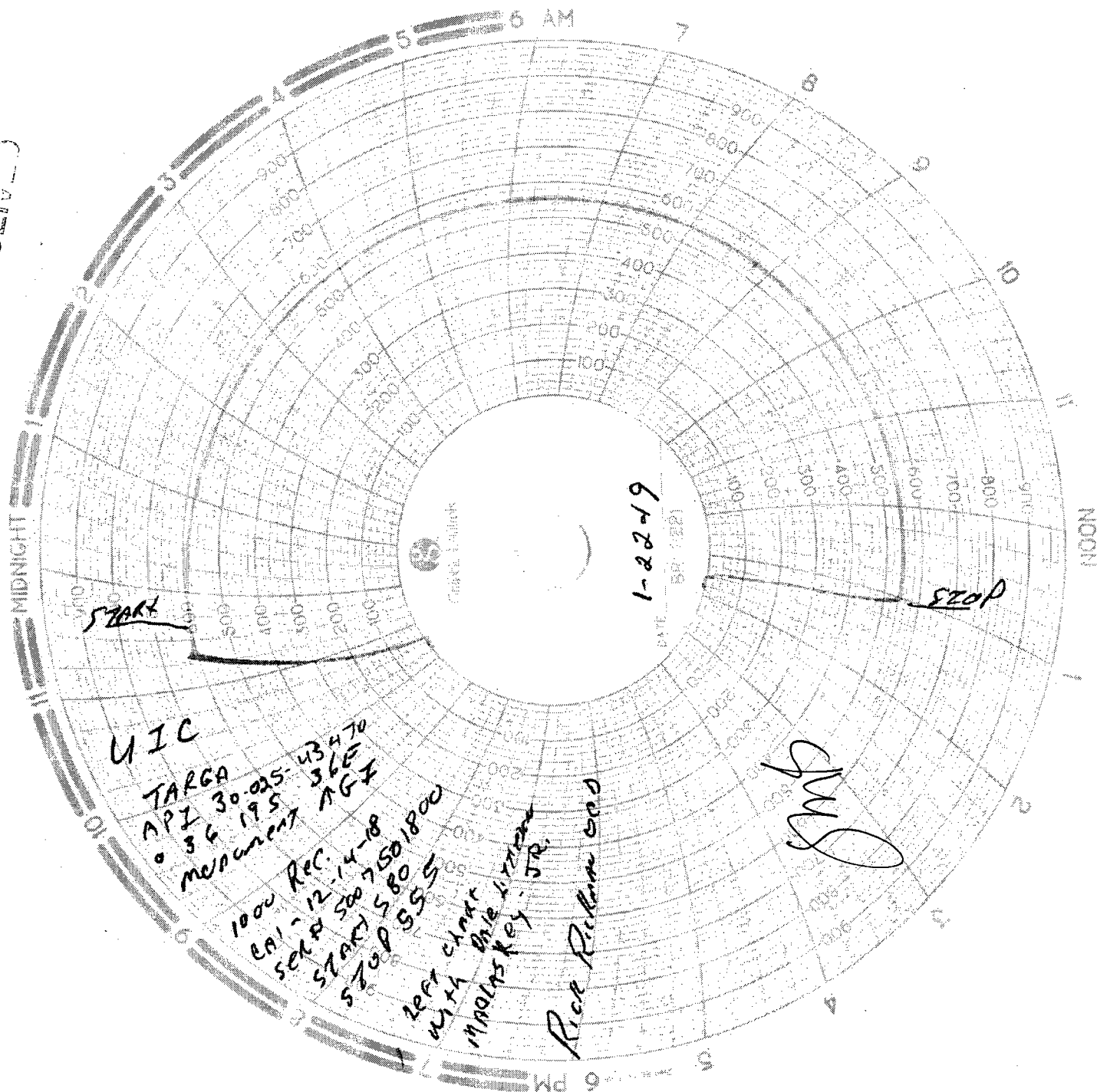
For State Use Only

APPROVED BY: George Bower TITLE Compliance Supervisor DATE 1/23/2019
Conditions of Approval (if any):

HOBBS OCD

JAN 23 2019

RECEIVED



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

HOBBS OCD

JAN 23 2019

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>TARGA</i>	API Number <i>30-025-43470</i>
Property Name <i>MONUMENT AGE</i>	Well No. <i>2</i>

Surface Location

UL - Lot <i>10</i>	Section <i>36</i>	Township <i>19S</i>	Range <i>36E</i>	Feet from <i>685</i>	N/S Line <i>S</i>	Feet from <i>2362</i>	E/W Line <i>E</i>	County <i>DEA</i>
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Well Status

YES	IA'D WELL <i>(NO)</i>	YES	SHUT-IN <i>(NO)</i>	INJECTOR <i>(INJ)</i>	SWD	OIL	PRODUCER	GAS	DATE <i>1/22/19</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>11.7</i>	<i>24.2</i>	<i>✓</i>	<i>✓</i>	<i>1964</i>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 <input type="checkbox"/>
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR <input type="checkbox"/>
Surges	Y / N	Y / N	Y / N	Y / N	GAS <input type="checkbox"/>
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	Y / 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
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	<i>[Signature]</i>
Date: <i>1/22/19</i>	Witness: <i>[Signature]</i>

INSTRUCTIONS ON BACK OF THIS FORM