

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
220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-25066
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-1816
7. Lease Name or Unit Agreement Name North Vacuum Abo North Unit "13"
8. Well Number #001
9. OGRID Number 373671
10. Pool name or Wildcat North Vacuum Abo (61760)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4049.3' GR

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 <input checked="" type="checkbox"/> Injection	
2. Name of Operator Unitex Oil & Gas, L.L.C.	
3. Address of Operator 508 West Wall, Suite 1000, Midland, Texas 79701	
4. Well Location Unit Letter <u>B</u> : <u>660</u> feet from the <u>NORTH</u> line and <u>1780</u> feet from the <u>EAST</u> line Section <u>1</u> Township <u>17-S</u> Range <u>34-E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4049.3' 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT 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.

MIT test performed on May 2, 2019.

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

Rita Walterscheid

TITLE Regulatory Manager

DATE 05/09/2019

Type or print name Rita Walterscheid

E-mail address: ritaw@unitexoil.com

PHONE: (432) 685-0014

For State Use Only

APPROVED BY:

Kerry Fortner

TITLE Compliance Officer

DATE 5-20-19

Conditions of Approval (if any):

HOBBS OCD

MAY 17 2019

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name UNITEX OIL & GAS, L.L.C.	API Number 30-025-25066
Property Name NORTH VACUUM ABO NORTH UNIT 13-1	Well No. 001

7. Surface Location

UL - Lot B	Section 2	Township 17S	Range 34E	Feet from 660	N/S Line N	Feet From 1780	E/W Line E	County LEA
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Well Status

TA'D Well YES <input checked="" type="radio"/> NO	SHUT-IN YES <input checked="" type="radio"/> NO	INJECTOR INJ <input checked="" type="radio"/> SWD	PRODUCER OIL <input checked="" type="radio"/> GAS	DATE 5-2-19
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OBSERVED DATA



	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	Q	P/A	Q/A	Q	Vacuum
Flow Characteristics					
Puff	Y/ <input checked="" type="radio"/>	Y/N	Y/N	Y/ <input checked="" type="radio"/>	CO2 _____
Steady Flow	Y/ <input checked="" type="radio"/>	Y/N	Y/N	Y/ <input checked="" type="radio"/>	WTR _____
Surges	Y/ <input checked="" type="radio"/>	Y/N	Y/N	Y/ <input checked="" type="radio"/>	GAS _____
Down to nothing	<input checked="" type="radio"/> N	Y/N	Y/N	<input checked="" type="radio"/> N	If applicable type
Gas or Oil	Y/ <input checked="" type="radio"/>	Y/N	Y/N	Y/ <input checked="" type="radio"/>	fluid injected for
Water	Y/ <input checked="" type="radio"/>	Y/N	Y/N	Y/ <input checked="" type="radio"/>	Waterflood

If bradenhead flowed water, check all of the descriptions that apply:

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

Post work over

Signature: 	OIL CONSERVATION DIVISION
Printed name: Eddie Elliott	Entered into RBDMS
Title: Production Supervisor	Re-test 
E-mail Address: eelliott@unitexoil.com	
Date:	Phone: 432-999-8423
Witness: 