

Submit 1 Copy To Appropriate District Office
District I - (575) 393-1111
1625 N. French Dr., Hobbs, NM 88240
District II - (505) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87401
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025- <u>52</u> <u>453411</u>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name I E FEE S D
8. Well Number <u>2</u>
9. OGRID Number <u>372 03</u>
10. Pool name or Wildcat S D; DE O I -SI I

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 S D/I ECTIO	
2. Name of Operator <u>3 E FIE D SE ICES, C</u>	
3. Address of Operator <u>15</u> ST., STE 1212 <u>MID</u> D, T <u>79701</u>	
4. Well Location Unit Letter <u>A</u> : <u>50</u> feet from the <u>O T</u> line and <u>29</u> feet from the <u>E ST</u> line Section <u>22</u> Township <u>20S</u> Range <u>3 E</u> NMPM County <u>E</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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 checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input 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.

05/10/2019- MIT Conducted; Kerry Fortner w/OCD Dist. 1 onsite at time of MIT. Start w/585 PSI, End 575 psi; MIT was successful, Chart attached.

Spud Date:

02/28/2019

Rig Release Date:

05/05/2019

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

SIGNATURE Jennifer Elrod TITLE S . E TO TEC DATE 05/08/2019

Type or print name E IFE E OD E-mail address: elrod_chisholmener_y.com PHONE: 817-953-3728

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 6-7-19
Conditions of Approval (if any)

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

RECEIVED
MAY 16 2019
HOBBS OCD

BRADENHEAD TEST REPORT

3 BEAR FIELD SERVICES, LLC		Operator Name	APC Number 30-025-45344-00-00
LIBBY BERRY FEE SWD		Property Name	Well No. 002

7. Surface Location

UL - Lot A	Section 22	Township 20-S	Range 34-E	Feet from 540	N/S Line N	Feet From 269	E/W Line E	County LEA
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Well Status

TA'D Well	SHUT-IN	INJECTOR	PRODUCER	DATE
YES NO	YES NO	INJ SWD	OIL GAS	5/10/19

KF

OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	0	—	0	0
Flow Characteristics					NOT 2 MS
Puff	Y/N	Y/N	Y/N	Y/N	CO2
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR
Surges	Y/N	Y/N	Y/N	Y/N	GAS
Down to nothing	Y/N	Y/N	Y/N	Y/N	If applicable type
Gas or Oil	Y/N	Y/N	Y/N	Y/N	fluid injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood

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

Initial UIC TEST

ACD tanking

ser # 8127

cal 1-16-19

START 585#

END 575#

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date: 5/10/19	Phone:	
Witness: KERRY FORTNER-OCD 399-3221		

