

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

October 13, 2009

HOBBS OCD

JUN 28 2019

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-26954

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Bobbi Stat ~~Waterflood Unit~~

8. Well Number 3

9. OGRID Number 232611

10. Pool name or Wildcat
Arkansas Junction; San Andres, West

SUNDY 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 TA'd2. Name of Operator
SUNDOWN ENERGY LP3. Address of Operator
16400 Dallas Parkway, Ste 100, DALLAS, TX 75248

4. Well Location

Unit Letter N : 330 feet from the SOUTH line and 2310 feet from the WEST lineSection 20 Township 18S Range 36E NMPM County LEA

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

3835' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data *1 p.m.*

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐

OTHER

☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐

OTHER TA Status Extension

☒

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 performed on 6/20/19 with Gary Robinson, OCD, witnessing. Begin press: 560 psi. End press: 560 psi.

Attached: MIT chart & Bradenhead test report

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 1-16-20
Well needs to be PLUGGED OR RETURNED
to PRODUCTIONBY THE DATE STATED ABOVE: 2/7

R-13731

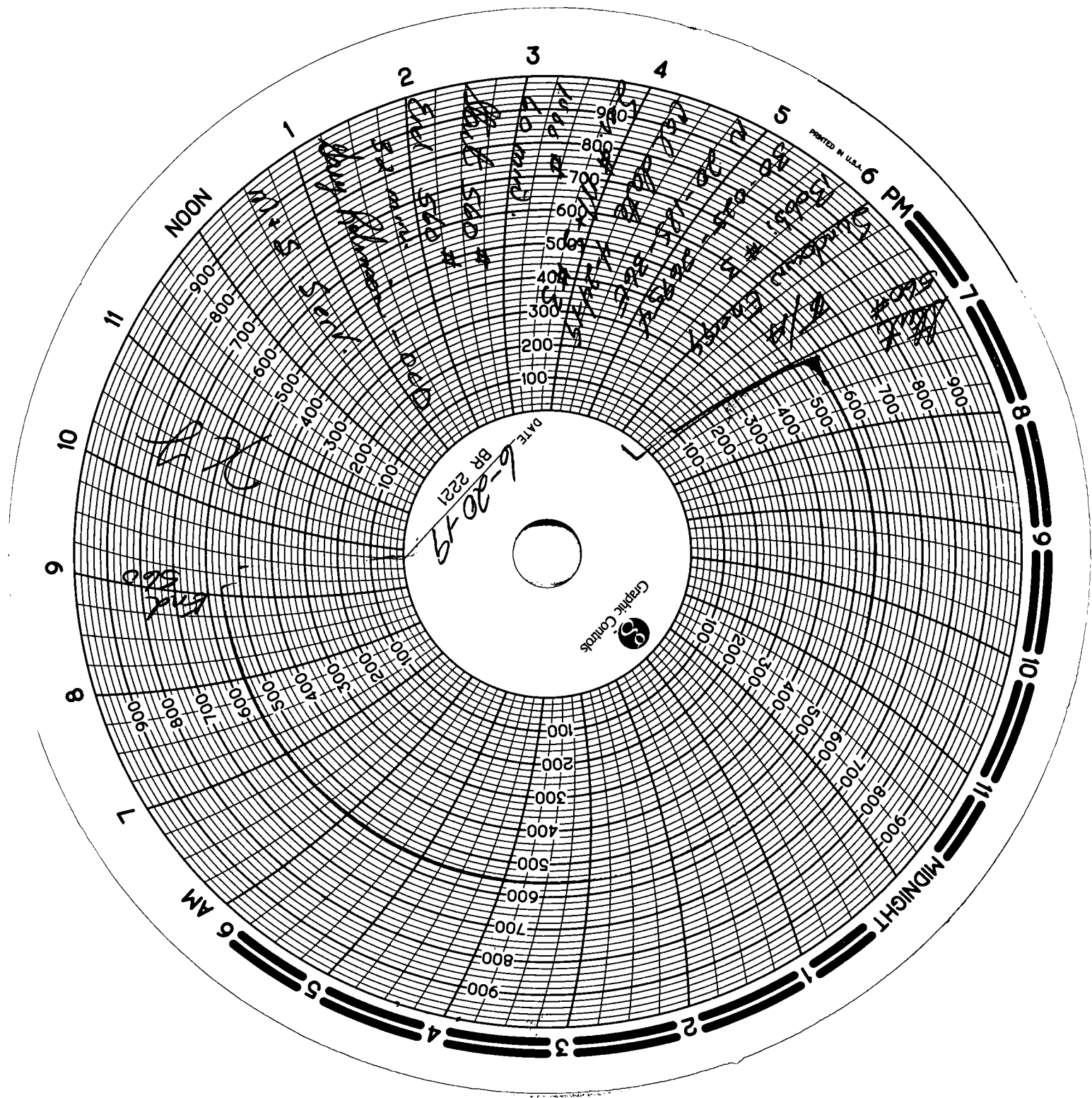
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Belinda Bradley TITLE Field Production Analyst DATE 6/25/19Type or print name Belinda Bradley E-mail address bbradley@sundownenergy.com PHONE: 432-943-8770

For State Use Only

APPROVED BY: Kerry Intre TITLE Compliance Officer A DATE 7-16-19

Conditions of Approval (if any):



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

BRADENHEAD TEST REPORT

Operator Name Sundown Energy		API Number 30-025-26954	
Property Name Bobbi		Well No. #3	

1. Surface Location

UL - Lot N	Section 20	Township 18S	Range 36E	Feet from 380	N/S Line S	Feet From 2810	E/W Line W	County LEA
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Well Status

TA'D WELL <input checked="" type="checkbox"/> YES	NO	SHUT-IN <input checked="" type="checkbox"/> YES	NO	INJ	INJECTOR SWD	PRODUCER <input checked="" type="checkbox"/> OIL	GAS	DATE 6-20-19
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OBSERVED DATA

	(A)Surface	(B)Interm1	(C)Interm2	(D)Prod Csg	(E)Tubing
Pressure	N/A	N/A	N/A	0	NONE
Flow Characteristics					
Pull	Y / N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	CO2 <input type="checkbox"/>
Steady Flow	Y / N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	WTR <input type="checkbox"/>
Surges	Y / N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	GAS <input type="checkbox"/>
Down to nothing	Y / N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / N	Type of fluid injected for waterflood if applies
Gas or Oil	Y / N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	
Water	Y / N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	

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

T/A

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Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date:	Phone:		
Witness: Greg Peterson			

INSTRUCTIONS ON BACK OF THIS FORM

PERFORMING BRADENHEAD TEST

General Procedure for Bradenhead Test

Identify: All valves prior to testing

Gauges: Install on each casing string to record pressure.

Assure: That all valves are in good working condition and closed at least 24 hours prior to testing.

Open: Each valve (Bradenhead, intermediate and casing valves) is to be opened separately.

Check Gauges: Record pressure on each gauge and casing string on BHT form. Open valves to atmosphere and record results on BHT form.

Designate what applies to the result of opening the valves for each string:

- | | |
|------------------------|-----------|
| • Blow or Puff | Yes or No |
| • Bled down to Nothing | Yes or No |
| • Steady Flow | Yes or No |
| • Oil or Gas | Yes or No |
| • Water | Yes or No |

Start: Injection or SWD pump so tubing pressure can be read.

Instructions below apply to the District 1 Hobbs office since this must be reported on a form.

In case of pressure:

1. Record pressure reading on gauge.
2. Bleed and note time elapsed to bleed down.
3. Leave valve open for additional observation.
4. Note any fluids expelled.

In absence of Pressure:

1. Leave valve open for additional observation.
2. Note types of fluids expelled.
3. Note if fluids persist throughout test.

Note: Tubing pressure on injection or SWD wells.

Test will be signed by person performing test with a contact phone number.