

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

SUNDRIY 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.)		WELL API NO. 30-025-21497
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other: Acid Gas Injection Well <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> FEDERAL <input type="checkbox"/>
2. Name of Operator Targa Midstream Services LLC		6. State Oil & Gas Lease No. NA
3. Address of Operator 1000 Louisiana, Suite 4300, Houston, TX 77002-5036		7. Lease Name or Unit Agreement Name Eunice Gas Plant SWD
4. Well Location Unit Letter <u>L</u> : <u>2,580</u> feet from the SOUTH line and <u>1,200</u> feet from the WEST line Section <u>27</u> Township <u>22S</u> Range <u>37E</u> NMPM County <u>Lea</u>		8. Well Number #1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,345 (GR)		9. OGRID Number 24650
		10. Pool name or Wildcat SWD: San Andres

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: (Mechanical Integrity Test) <input checked="" type="checkbox"/>	
OTHER: (COMPLETION) <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.

The MIT was conducted on Friday, January 3, 2020 at 11:00 am (MT). Kerry Fortner (NMOCD) was on site to witness and approve the test, and perform a Bradenhead Test. Below is a step-by-step summary with results:

1. The annular space pressure between casing and tubing was 0 psi prior to the start of the MIT. TAG was being injected into the well with a tubing pressure of 1,222 psi.
2. The annular space pressure was opened to a brine water line (pump) and a calibrated chart recorder was installed.
3. The annular pressure was bled down to 0 psi and the chart recorder was started at 11:31 am.
4. At 11:33 am the pressure was slowly increased by pumping brine from the truck to achieve a pressure of 620 psi.
5. The chart recorder and well were isolated from the pump truck and the MIT began at 11:33 am.
6. At 11:35 am (32 minutes) the annulus pressure was 600 psi, a loss of 20 psi (3.2% decrease).
7. The brine was then bled from the annulus to reduce the pressure to 243 psi for normal operations before bleeding the chart recorder to 0 psi. The chart recorder was stopped at 11:37 am.

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

Please see the attached MIT pressure chart (approved by NMOCD), calibration sheet, and Bradenhead test documentation.

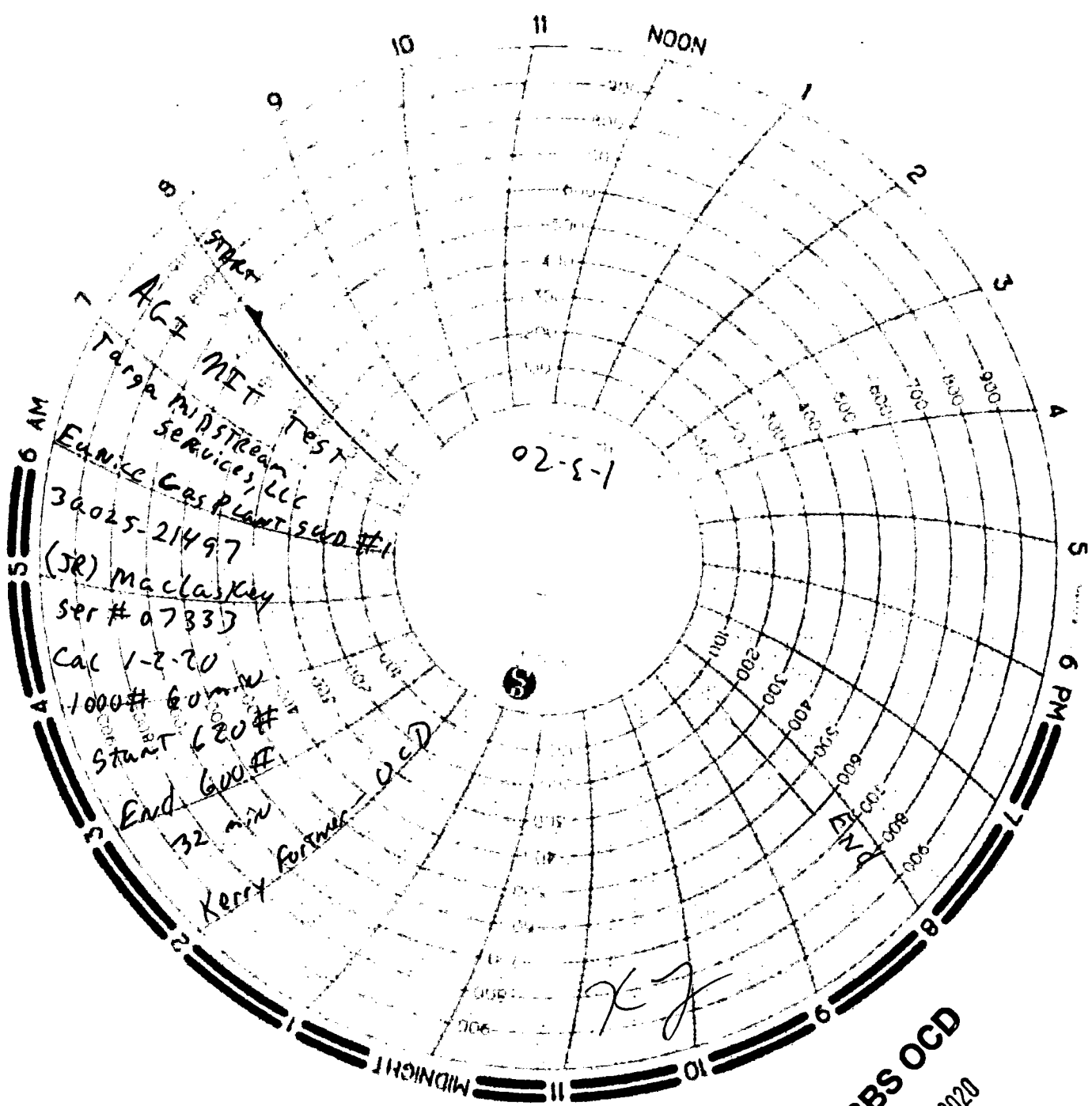
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Dale T Littlejohn TITLE Consultant to Targa Midstream LLC DATE 1-3-20

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

For State Use Only

APPROVED BY: Kerry Fortner TITLE CO A DATE 1-6-20  
Conditions of Approval (if any):



HOBBS OCD  
JAN 06 2020  
RECEIVED

# MACLASKY OILFIELD SERVICES

MACLASKY OILFIELD SERVICES, INC. HOUSTON, TEXAS 77002  
705-39-1016

THIS IS TO CERTIFY THAT

DATE: 1-2-20

I, Albert Roden, SERVICE TECHNICIAN FOR MACLASKY OILFIELD SERVICES, INC. HAS CHECKED THE CALIBRATION ON THE FOLLOWING INSTRUMENT: 1000 PRESSURE RECORDER

SERIAL NUMBER

07333

TESTED AT THESE POINTS.

PRESSURE <u>500</u>		
TEST	AS FOUND	CORRECTED
<u>0</u>	<u>100</u>	<u>/</u>
<u>100</u>	<u>200</u>	<u>/</u>
<u>200</u>	<u>300</u>	<u>/</u>
<u>300</u>	<u>400</u>	<u>/</u>
<u>400</u>	<u>500</u>	<u>/</u>

PRESSURE <u>1000</u>		
TEST	AS FOUND	CORRECT
<u> </u>	<u> </u>	<u>/</u>
<u> </u>	<u> </u>	<u>/</u>
<u> </u>	<u> </u>	<u>/</u>
<u> </u>	<u> </u>	<u>/</u>
<u> </u>	<u> </u>	<u>/</u>

REMARKS:

SIGNED:

Albert Roden

District I  
1625 N French Dr., Hobbs, NM 88240  
Phone (575) 393-6161 Fax (575) 393-0720

HOBBS OCD

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

JAN 06 2020

RECEIVED

BRADENHEAD TEST REPORT

TARGA MIDSTREAM SERVICES, LLC		Operator Name	API Number 30-025-21497	
EUNICE GAS PLANT SWD			Property Name	Well No 001

7. Surface Location

UL - Lot L	Section 27	Township 22-S	Range 37-E		Feet from 2580	N/S Line S	Feet From 1200	E/W Line W	County LEA
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Well Status

TA'D Well YES	SHUT-IN YES	INJECTOR INJ	PRODUCER OIL	DATE 1/3/20
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0.336	5.0	NA	0.334	1222
Flow Characteristics	0.6				
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.

AGI WELL  
(DR) macloskey  
Ser #07333  
CAL 1-2-20

S 620 # E 600 #

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date:	Phone:	
Witness: KERRY FORTNER-OCD 575-399-3221		