

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

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG A WELL TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-38822
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other: Acid Gas Injection <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Energy Transfer		6. State Oil & Gas Lease No.
3. Address of Operator 8111 Westchester Drive, Suite 600, Dallas, Texas 75225		7. Lease Name or Unit Agreement Name Jal 3 AGI
4. Well Location Unit Letter <u>E</u> : <u>1550</u> feet from the <u>North</u> line and <u>1000</u> feet from the <u>West</u> line Section <u>33</u> Township <u>24S</u> Range <u>37E</u> NMPM County <u>Lea</u>		8. Well Number #1
11. Elevation (Show whether DR, RKB, RT, GR, etc.): 3268 GR		9. OGRID Number 371183
		10. Pool name or Wildcat AGI

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: (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 on Friday, January 3, 2020 at 9:00 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 50 psi prior to the start of the MIT. TAG was being injected into the well with a tubing pressure of 452 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 9:38 am.
4. At 9:40 am the pressure was slowly increased by pumping brine from the truck to achieve a pressure of 650 psi.
5. The chart recorder and well were isolated from the pump truck and the MIT began at 9:41 am.
6. At 10:13 am (32 minutes) the annulus pressure was 645 psi, a loss of 5 psi (0.8% decrease).
7. The brine was then bled from the annulus to reduce the pressure to 300 psi for normal operations before bleeding the chart recorder to 0 psi. The chart recorder was stopped at 10:15 am.

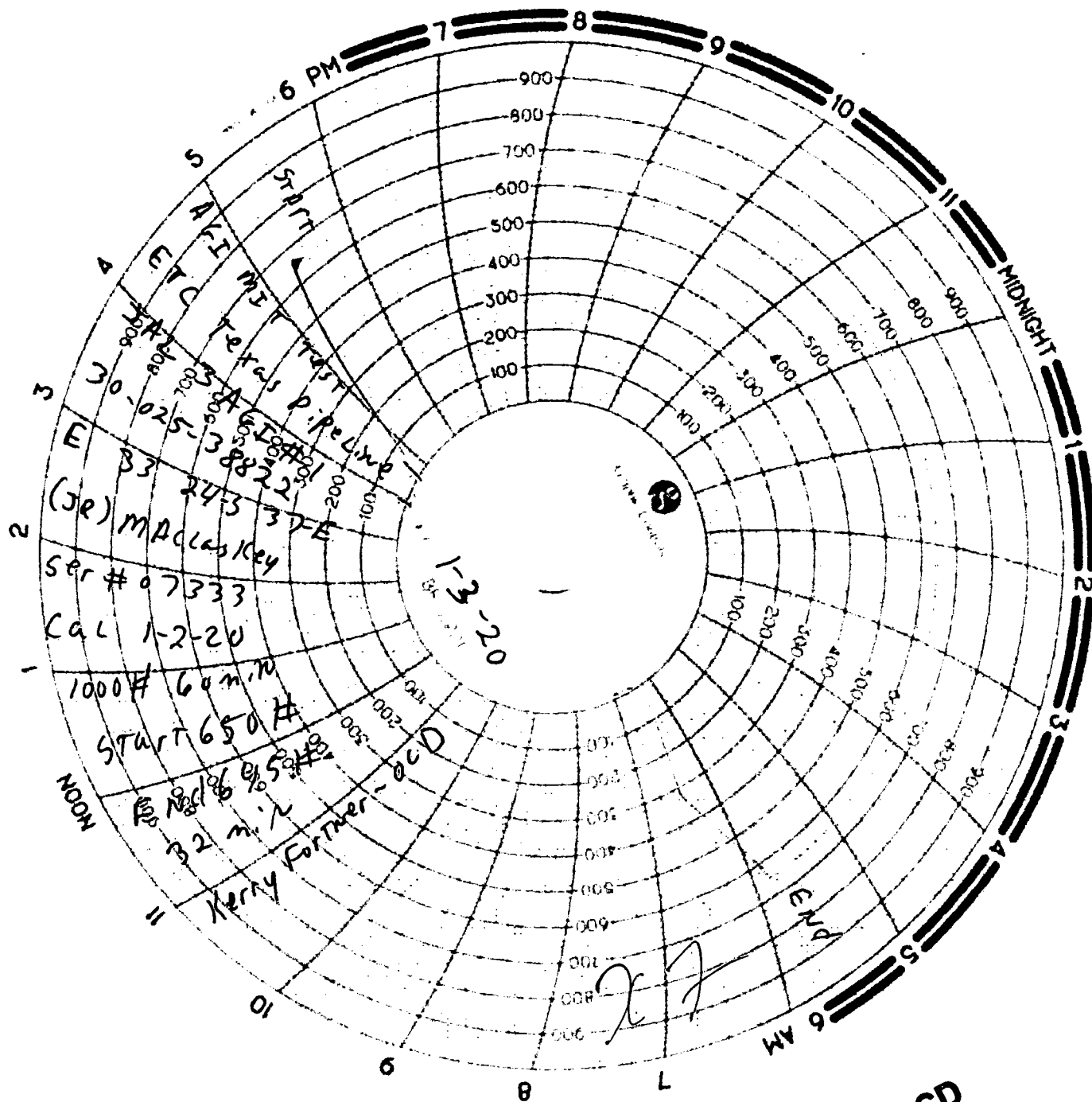
In addition to the MIT, a Bradenhead test was conducted by the NMOCD by monitoring and recording the surface casing annular space pressure, which remained unchanged during the MIT.

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 Littlejohn TITLE Consultant to Energy Transfer DATE 01/03/2020
Type or print name Dale 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

MACCLASKY OILFIELD SERVICES

MACCLASKY OILFIELD SERVICES, INC. 10000 W. 10TH AVE. HOUSTON, TEXAS 77036
713-591-1000

THIS IS TO CERTIFY THAT

DATE 1-2-20

I, Albert Volz, a MEMBER OF THE TECHNICAL STAFF OF MACCLASKY OILFIELD SERVICES, INC. HAS CHECKED THE CALIBRATION OF 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 Volz

HOBBS OCD

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

JAN 06 2020

BRADENHEAD TEST REPORT

RECEIVED

ETC TEXAS PIPELINE, LTD		Operator Name	30-025-38822
JAL 3 AGI			Well No 001

Surface Location

UL - Lot E	Section 33	Township 24-S	Range 37-E	Feet from 1550	N/S Line N	Feet From 1000	E/W Line W	County LEA
----------------------	----------------------	-------------------------	----------------------	--------------------------	----------------------	--------------------------	----------------------	----------------------

Well Status

TA'D Well YES <input checked="" type="checkbox"/> NO	SHUT-IN YES <input checked="" type="checkbox"/> NO	INJECTOR <input checked="" type="checkbox"/> SWD	PRODUCER OIL GAS	DATE 1/3/20
---	---	---	---------------------	----------------

OBSERVED DATA

	(A)Surf Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	NA	NA	50	452
Flow Characteristics					452
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 start 50# on prod csg LEFT 300# on prod csg
(JR) macLuskey
ser# 07333
Cal 1-2-20

start 650# End 645#

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