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Sub nit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103 Revised July 18, 2013		
District I - (575) 393-6161	Energy, Minerals and Natu	ral Resources	WELL API	The same of the sa	a July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		D. T. T. C.	30-045-357		
811 S. First St., Artesia, NM 88210	OIL CONSERVATION			Type of Lease	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fran		STA	TE FEE	
District IV - (505) 476-3460	Santa Fe, NM 87	7505	6. State Oil	l & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505					
SUNDRY NO	TICES AND REPORTS ON WELLS		7. Lease N	ame or Unit Agree	ment Name
(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.)			0. 111 11 1	ımber: WDW #2	
1. Type of Well: Oil Well	Gas Well Other Wastewater Disposal Well				
2. Name of Operator			9. OGRID	Number 267595	
Western Refining Southwest, Inc.			10 Pool no	ame or Wildcat	
3. Address of Operator 50 County Road 4990 (PO Box 159) Bloomfield, NM 87413			Entrada	and of wheeler	
4. Well Location				-	-
Unit Letter H	: 2028 feet from the Nor	rth line and	East	feet from the	_line
Section 27	Township 29N	Range 11W		PM San Juan	County
	11. Elevation (Show whether DR,		)		
12. Check	Appropriate Box to Indicate N	lature of Notice,	Report or (	Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK		REMEDIAL WOR			CASING
PULL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMENT JOB					
OLCOLD LOGI TITIE		OTHER:			
OTHER: Fall Off Test	npleted operations. (Clearly state all p		d give pertine	ent dates, including	estimated date
of starting any proposed	work). SEE RULE 19.15.7.14 NMAC	C. For Multiple Cor	mpletions: A	ttach wellbore diag	gram of
proposed completion or r					
Pursuant to the Bloomfield Ter	minal Injection Well Discharge Pe	ermit (UICI-011),	Western Re	fining Southwest	, Inc. intends
	OT). The fall-off test will consist o				
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<ul> <li>Phase 1: Build-Up</li> </ul>				HLK IT SOTOLI	100.0
a Dhaca 2: Dracques Fall	Off Monitoring				

- Phase 2: Pressure Fall-Off Monitoring
- Phase 3: Post Monitoring Operations

## Phase 1: Build-Up

The Build-Up Phase involves the injection of the Terminal's wastewaters into the well for 72 hours or until the injection pressure reaches the high-pressure set-point of 1,400 psi, whichever occurs first. A stabilized injection rate will be established using the dedicated injection well pump. Following the 24-hour stable injection period, tandem memory gauges will be installed through the crown valve and lubricator using a slick-line unit. The gauges will be positioned at 7,312 ft below grade (reflective to the top of the injection interval) while maintaining a stable injection rate. The memory gauges to be used are SP-2000 hybrid-quartz gauges provided by Tefteller, Inc. that will have a resolution of 0.01 psi and an accuracy of  $\pm$  0.05% of full scale. The pressure range of the gauges will be 0-5,000 psi minimum. The stable injection rate will continue for a minimum of 48-hours following the placement of the tandem memory gauges to allow the gauges to stabilize. During this time, down-hole pressure readings will be recorded. Once the stabilization time has elapsed, the injection well pump will be shut down and the well will be blocked-in by closing the valve at the wellhead and in the pump room (double-block).

## Phase 2: Pressure Fall-Off Monitoring

With the well blocked-in, bottom-hole readings will be recorded for a minimum of 3 days and up to 14 days. The recording period will be set to record pressures at a minimum of 5-minute intervals, with readings collected more frequently during the early part of the Fall-Off Test period.

Phase 3: Post Mon	toring Operations
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Following completion of the fall-off monitoring, the gauges will be pulled while making 5-minute stops at each 1,000 ft interval starting at 7,000 ft to collect pressure gradient readings. After removal of the gauges, the well will return to normal operation.

Spud Date:	Rig Release Date:
I hereby certify that the information above is true and	
SIGNATURE Kelly Koluptur	TITLE Environnetal Supervisor DATE 4/5/19
Type or print name Kelly Robinson  For State Use Only	E-mail address: Kelly. Robinson Candeavor HONE: (305) 652-4166
APPROVED BY: Long U Conditions of Approval (if any):	TITLE Environmental Engineer DATE 4/12/19