

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

Form C-103  
 Revised July 18, 2013

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

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.)		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 Gathering and Processing		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 _____ Lea _____		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 mechanical integrity test (MIT) was conducted on Thursday, January 16, 2025. Barbara Lydick (NMOCD) was on-site to oversee and approve the MIT and bradenhead test (BHT). Below is a step-by-step summary of the results:

- The annular space pressure between the production casing and tubing was 0 psi prior to the start of the MIT; treated acid gas (TAG) was being injected into the tubing at 490 psi but increased to 540 psi during the MIT.
- Lines from the brine pump truck and a calibrated chart recorder were attached to the annular space well valve to record the pressure changes. The annular pressure was bled to 0 psi and at 9:45 am (MT) the recorder was started.
- At 9:49 am brine was slowly added from the pump truck to achieve the beginning test pressure. The well and chart recorder were then isolated from the truck.
- The MIT began at 9:51 am with the annulus pressure at 600 psi.
- The chart recorded the annular pressure until 10:25 am (34 minutes). Brine was then bled back to 0 psi and the chart was removed from the recorder. An operating pressure of 300 psi was then added to the annular space.
- During the test, the annular pressure increased to 610 psi (an increase of 10 psi or 1.6%) with no change over the final 20 minutes. The surface casing annular pressure, monitored with a gauge in the cellar, also remained unchanged (0 psi) throughout the MIT.

The MIT pressure chart, BHT documentation, and chart recorder calibration sheet are attached.

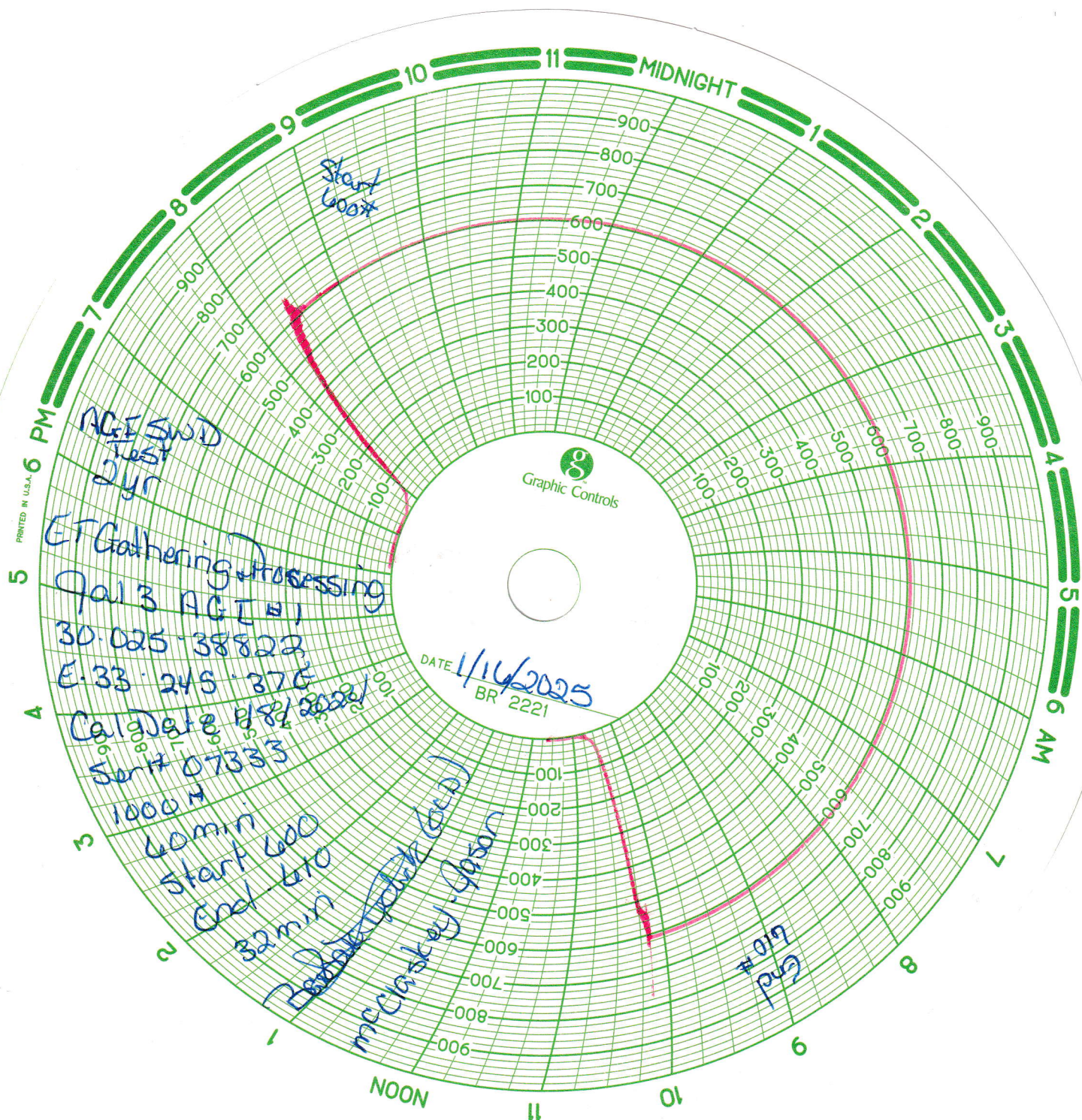
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Dale Littlejohn TITLE Consultant to Energy Transfer DATE 1/17/2025  
 Type or print name Dale Littlejohn E-mail address: dale@geolex.com PHONE: (505) 842-8000

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 Conditions of Approval (if any): \_\_\_\_\_







Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <i>ET Gathering &amp; Processing</i>		API Number <i>30.025-38822</i>
Property Name <i>Gal 3<sup>rd</sup> AIG</i>		Well No. <i>1</i>

1. Surface Location

UL - Lot <i>E</i>	Section <i>33</i>	Township <i>24S</i>	Range <i>37E</i>	Feet from <i>1550</i>	N/S Line <i>N</i>	Feet From <i>1000</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJ INJECTOR <input type="radio"/> SWD <input checked="" type="radio"/>	OIL PRODUCER GAS <input type="radio"/>	DATE <i>1/16/2025</i>
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OBSERVED DATA

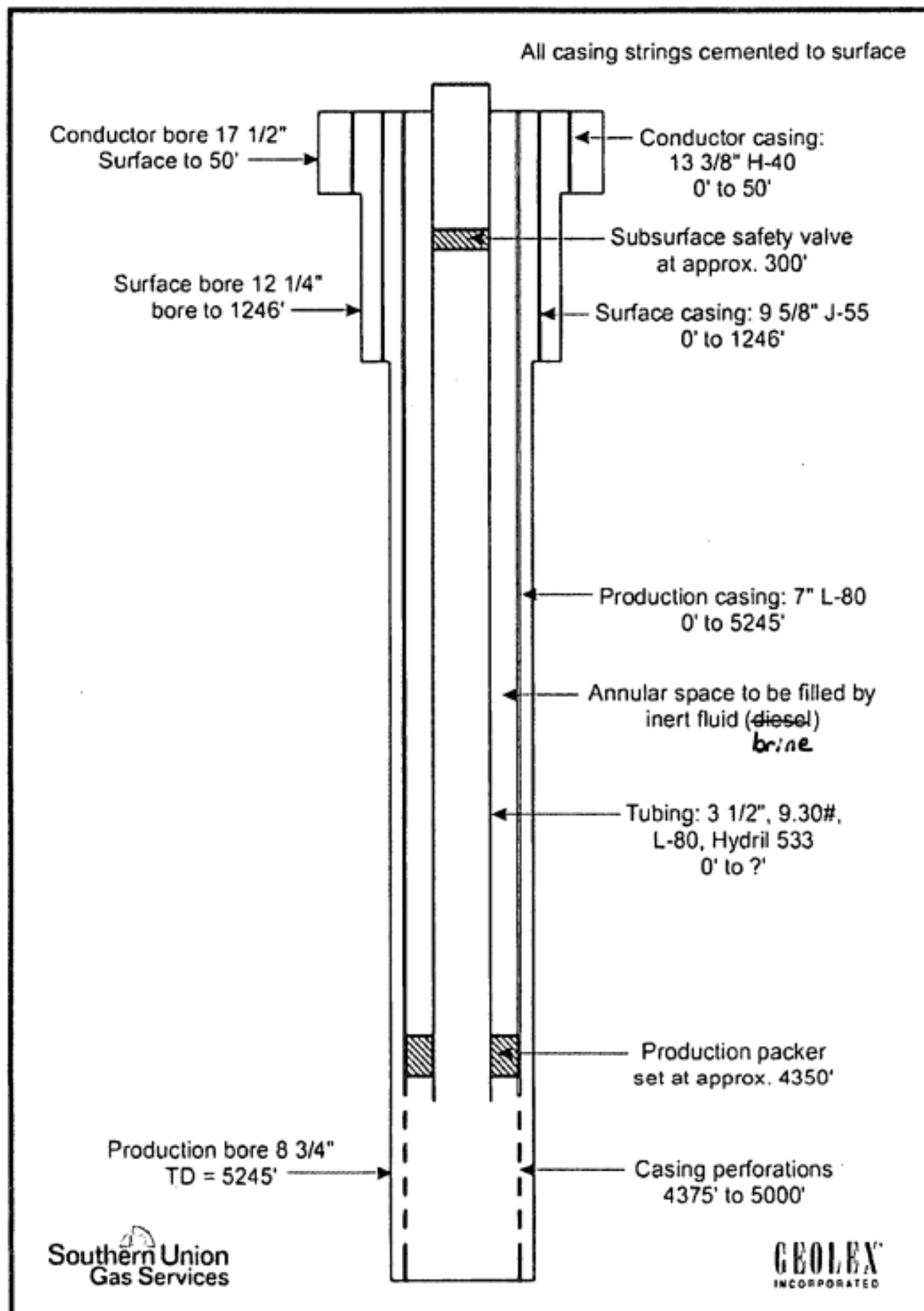
	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>			<i>29</i>	<i>330</i>
Flow Characteristics	<i>monitored</i>				
Puff	Y / N	Y / N	Y / N	Y / N	CO2 _____
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR _____
Surges	Y / N	Y / N	Y / N	Y / N	GAS _____
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid _____
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Injected for _____
Water	Y / N	Y / N	Y / N	Y / N	Waterflood if _____

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

*AGI - MTH/BHT*

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title		Re-test
E-mail Address:		
Date:	Phone:	
Witness: <i>[Signature]</i>		

INSTRUCTIONS ON BACK OF THIS FORM



# MACLASKEY OILFIELD SERVICES

5900 WEST LOVINGTON HWY. HOBBS, N.M. 83240  
505-395-1016

THIS IS TO CERTIFY THAT:

DATE: 1-8-25

I, Albert Rodriguez METER TECHNICIAN FOR MACLASKEY OILFIELD  
SERVICES, INC. HAS CHECKED THE CALIBRATION ON THE FOLLOWING  
INSTRUMENT. 1000 PRESSURE RECORDER.

SERIAL NUMBER

07333

TESTED AT THESE POINTS.

TEST	PRESSURE <u>500</u> 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>

TEST	PRESSURE <u>1000</u> AS FOUND	CORRECT
<u>500</u>	<u>600</u>	<u>✓</u>
<u>600</u>	<u>700</u>	<u>✓</u>
<u>700</u>	<u>800</u>	<u>✓</u>
<u>800</u>	<u>900</u>	<u>✓</u>
<u>900</u>	<u>1000</u>	<u>✓</u>

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED: Art Rodriguez



Sante Fe Main Office  
Phone: (505) 476-3441

General Information  
Phone: (505) 629-6116

Online Phone Directory  
<https://www.emnrd.nm.gov/ocd/contact-us>

State of New Mexico  
Energy, Minerals and Natural Resources  
Oil Conservation Division  
1220 S. St Francis Dr.  
Santa Fe, NM 87505

CONDITIONS

Action 422251

CONDITIONS

Operator: ET Gathering & Processing, LLC 8111 Westchester Drive Dallas, TX 75225	OGRID: 371183
	Action Number: 422251
	Action Type: [UF-BHT] Bradenhead Test (BRADENHEAD TEST)

CONDITIONS

Created By	Condition	Condition Date
ronald.heuer	None	8/20/2025