

Southern District
1625 N French Dr, Hobbs, NM 88240
Phone: (575) 241-7063

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

BRADENHEAD TEST REPORT

Operator Name LeaCo Operating, LLC	API Number 30-025-25691
Property Name W H Rhodes B Federal NCT-2	Well No. #004

1. Surface Location

UL - Lot P	Section 28	Township 26S	Range 37E	Feet from 660	N/S Line FSL	Feet From 660	E/W Line FEL	County LEA
---------------	---------------	-----------------	--------------	------------------	-----------------	------------------	-----------------	---------------

Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJ NO	INJECTOR SWD	PRODUCER OIL	GAS	DATE 9/22/2025
------------------	----	----------------	----	-----------	-----------------	-----------------	-----	-------------------

OBSERVED DATA

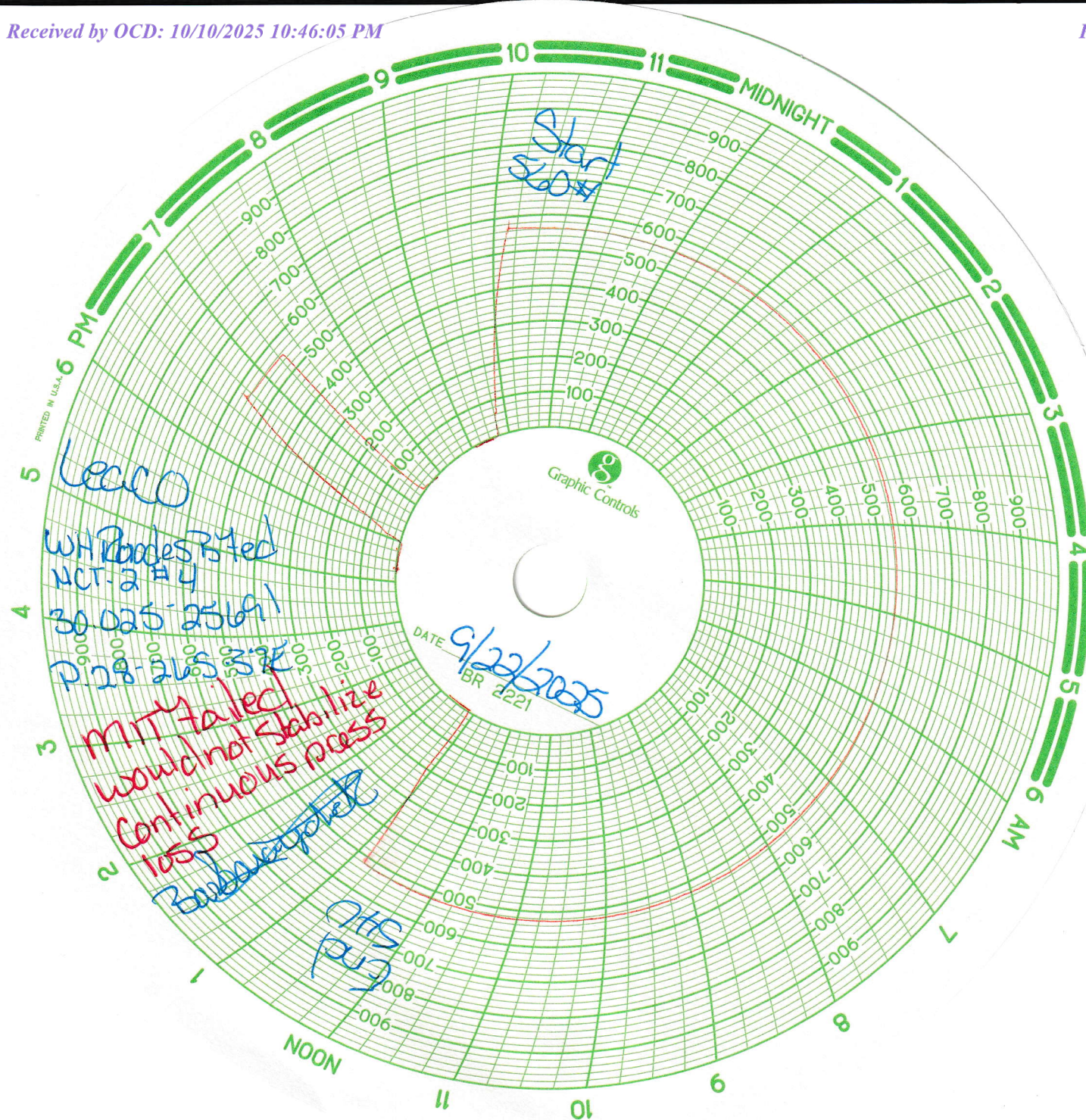
	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0			0	0
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR ✓
Surges	Y / N	Y / N	Y / N	Y / N	GAS
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / N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

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

BHT-OK
MIT failed well must be shut in
ASAP

Signature:		OIL CONSERVATION DIVISION	
Printed name: Bill Johnson		Entered into RBDMS	
Title: SVP Operations		Re-test	
E-mail Address: bill@leacooperating.com			
Date:	Phone: 918-550-1671		
Witness: [Signature]			

INSTRUCTIONS ON BACK OF THIS FORM



State of New Mexico
Energy, Minerals and Natural Resources Department

Michelle Lujan-Grisham
Governor

Melanie A. Kenderdine
Cabinet Secretary

Ben Shelton
Deputy Secretary

Erin Taylor
Deputy Secretary

Albert C.S. Chang
Division Director
Oil Conservation Division



Date: 9/22/2025
API # 30-025-25691

A **Mechanical Integrity Test (M.I.T.)** was performed on, Well WH Rhodes B Yed NCT-2 #4

☐ M.I.T. is **successful**: the original chart has been retained by the Operator on site. Submit a **legible** scan of the chart with an attached original Form C-103Z indicating the reason for the test. A scanned image will appear online via NMOCD website.

☒ M.I.T. is **unsuccessful**: the original chart is returned to the Operator. Repairs will be made; Operator is to schedule for a re-test within a 90-day period. If this is a test of a repaired well currently in non-compliance, all dates and requirements of the original are still in effect. **No expectation of extension should be construed because of this test.**

☐ M.I.T. for **Temporary Abandonment**, shall include a detailed description on Form C-103, including the location of the CIBP and any other tubular goods in the well including the Operator's request for TA status timeline.

☐ M.I.T. is **successful**: after the secondary request of a scheduled M.I.T. is performed. Therefore, Operator has within a 30-day period from the M.I.T. to submit a current C-103 along with a legible scan of the Chart, Including a detailed description of the repair(s). **Only after receipt of the C-103 will the non-compliance be closed.**

☐ M.I.T. is **successful**: initial of an injection well, you must submit a form C-103 to NMOCD within 30 days. A C-103 form must include a detailed description of the work performed on this well including the position of the packer, tubing information, the date of first injection, the tubing pressure and injection volume.

Please ensure all documentation requirements are in place prior to injection process.

If I can be of additional assistance, please feel free to contact me at (575) 703-4641

Thank You,

Barbara Lydick
NMOCD
South District

Well Name: WH RHODES B FEDERAL NCT-2

Well Location: T26S / R37E / SEC 28 / SESE / 32.0087518 / -103.1613388

County or Parish/State: LEA / NM

Well Number: 04

Type of Well: INJECTION - ENHANCED RECOVERY

Allottee or Tribe Name:

Lease Number: NMLC030174B

Unit or CA Name:

Unit or CA Number:

US Well Number: 3002525691

Operator: LEACO OPERATING LLC

Notice of Intent

Sundry ID: 2876241

Type of Submission: Notice of Intent

Date Sundry Submitted: 09/29/2025

Date proposed operation will begin: 12/15/2025

Type of Action: Workover Operations

Time Sundry Submitted: 09:54

Procedure Description: Bond NMB105785134. This well had an MIT performed on 9/18/2025, witnessed by NMOCD South District Supervisor Barbara Lydick. The MIT failed due to continuous pressure loss over the course of the 30-minute test, beginning at 560 Psi and ending at 520 Psi. Planned 3-day procedure: -HSM, MIRU pulling unit -Install BOP -Unseat pkr & remove current tbg string -Test prod csg for any leaks by halves -If leaks are found, cement sqz, drill out, and test to ensure the leak is repaired -If no leaks are found, a new packer will be utilized that will pass MIT -Reperforate unitized interval at 1 SPF & acidize to clean perfs -RIH w/new pkr (setting within 100' of top perf) and new tbg & replace old wellhead with new -Verify new downhole setup holds pressure successfully -RDMO pulling unit -Set up with NMOCD for MIT re-testing and submit all subsequent Federal and State ppwk

Surface Disturbance

Is any additional surface disturbance proposed?: No

Received by OCD: 10/10/2025 10:46:05 PM

Page 5 of 10

Well Name: WH RHODES B FEDERAL NCT-2	Well Location: T26S / R37E / SEC 28 / SESE / 32.0087518 / -103.1613388	County or Parish/State: LEA / NM
Well Number: 04	Type of Well: INJECTION - ENHANCED RECOVERY	Allottee or Tribe Name:
Lease Number: NMLC030174B	Unit or CA Name:	Unit or CA Number:
US Well Number: 3002525691	Operator: LEACO OPERATING LLC	

Conditions of Approval

Specialist Review

Workover_or_Vertical_Deepen_COA_20251009151636.pdf

Operator

I certify that the foregoing is true and correct. Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction. Electronic submission of Sundry Notices through this system satisfies regulations requiring a

Operator Electronic Signature: BILL JOHNSON
Signed on: SEP 29, 2025 09:39 PM
Name: LEACO OPERATING LLC
Title: SVP Operations
Street Address: 2121 SAGE ROAD STE 325
City: HOUSTON State: TX
Phone: (918) 550-1671
Email address: BILL@LEACOOOPERATING.COM

Field

Representative Name:
Street Address:
City: State: Zip:
Phone:
Email address:

BLM Point of Contact

BLM POC Name: JONATHON W SHEPARD
BLM POC Title: Petroleum Engineer
BLM POC Phone: 5752345972
BLM POC Email Address: jshepard@blm.gov
Disposition: Approved
Disposition Date: 10/09/2025
Signature: Jonathon Shepard

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

WELL API NO. 30-025-25691
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE X <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name WH Rhodes B Federal NCT-2
8. Well Number 4
9. OGRID Number 331439
10. Pool name or Wildcat Rhodes Yates Seven Rivers

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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other: Injection	
2. Name of Operator LeaCo Operating, LLC	
3. Address of Operator 2121 Sage Road, Suite 325 Houston, TX 77056	
4. Well Location Unit Letter P 660 feet from the South line and 660 feet from the East line Section 28 Township 26S Range 37E NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2,695' GR	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK X	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: <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.

- Failed MIT on 9/22/2025, witnessed by Barbara Lydick. Continuous pressure loss
- Proposed Work Start Date of 12/15/2025, Verify 24-hour notice to OCD before rigging up on well
- MIRU pulling unit & install BOP
- Unseat packer and remove current tubing string
- Test casing for any leaks by halves
 - If casing leaks are found, cement squeeze, drill out, and test to ensure the leak is repaired
 - If no casing leaks are found, then a new packer will be utilized that will pass MIT
- Reperforate currently approved injection interval (Yates/7 R) and acidize
- RIH w/new packer & new tubing and replace old wellhead with new wellhead & valves
- Verify new downhole setup will hold pressure successfully
- RDMO pulling unit
- Set up with NMOCD for MIT re-testing and submit all subsequent State & Federal paperwork

Spud Date: 01/19/1978

Rig Release Date: 02/23/1978

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

SIGNATURE Bill Johnson TITLE Authorized Signator DATE 10/10/2025

Type or print name: Bill Johnson E-mail address: bill@leacooperating.com PHONE: 918-550-1671

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

Proposed Workover Procedure – WH Rhodes B Fed NCT-2 #4 - SWI – API 30-025-25691

1. Verify 24-hour notice to OCD before rigging up on well
2. MIRU pulling unit
3. Install BOP
4. Unseat packer and remove current tubing string
5. Test casing for any leaks by halves
6. If casing leaks are found, cement squeeze, drill out, and test to ensure the leak is repaired
7. If no casing leaks are found, then a new packer will be utilized that will pass MIT
8. Re-perforate entire currently approved injection interval and acidize
9. RIH with new packer, new tubing and replace old wellhead with new wellhead and valves
10. Verify new downhole setup will hold pressure successfully
11. RDMO pulling unit
12. Set up with NMOCD for MIT re-testing and submit all subsequent State & Federal paperwork

WELL NO. **WH Rhodes B Federal NCT-2 #4 SWI**
Rhodes Yates Seven Rivers
660' FSL & 660' FEL, P-28-26S-37E

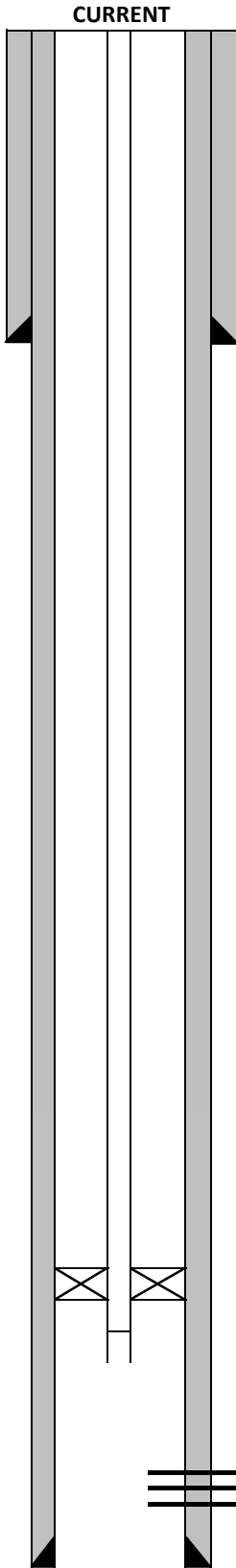
FORMER NAME
COUNTY & STATE Lea County, NM
API NO. 30-025-25691

VEL 2965' 12.25" Hole Size

<u>SURFACE CASING</u>			
<u>8-5/8"</u>	WEIGHT	<u>24.0#</u>	DEPTH <u>655'</u>
<u>K-55</u>	SX. CMT.	<u>500 sx</u>	TOC @ <u>Circ</u>

IRY 7-7/8" Hole Size

N DATE: 1/19/1978
2/23/1978
TION DATE: 9/15/1982



<u>PRODUCTION CASING</u>			
<u>5-1/2"</u>	WEIGHT	<u>14.0#</u>	DEPTH <u>3460'</u>
<u>K-55</u>	SX. CMT.	<u>950 sx</u>	TOC @ <u></u>

PBTD@ 3,360' OH
TD@ 3460'

LEASE & WELL NO.

WH Rhodes B Federal NCT-2 #4 SWI

FIELD NAME

Rhodes Yates Seven Rivers

LOCATION

660' FSL & 660' FEL, P-28-26S-37E

FORMER NAME

COUNTY & STATE Lea County, NM

API NO.

30-025-25691

K.B. ELEV.

GROUND LEVEL

2965'

12.25" Hole Size

PROPOSED

Formation Tops MD

Top of Salt 1410'

Base of Salt 2650'

Top of Yates 2940'

SURFACE CASING

SIZE	8-5/8"	WEIGHT	24.0#	DEPTH	655'
GRADE	K-55	SX. CMT.	500 sx	TOC @	Circ

WELL HISTORY

7-7/8" Hole Size

SPUD DATE:

1/19/1978

COMPLETION DATE:

2/23/1978

ReCOMPLETION DATE:

9/15/1982

PRODUCTION CASING

SIZE	5-1/2"	WEIGHT	14.0#	DEPTH	3460'
GRADE	K-55	SX. CMT.	950 sx	TOC @	

5-1/2" Pkr Set @ 2,940'

PBTd@ 3,360' OH

TD@ 3460'

Perfs @ 2,950'-3,360'

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

General Information
Phone: (505) 629-6116

Online Phone Directory
<https://www.emnrd.nm.gov/oecd/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 514251

CONDITIONS

Operator: LeaCo Operating, LLC 2121 Sage Road Houston, TX 77056	OGRID: 331439
	Action Number: 514251
	Action Type: [C-103] NOI Workover (C-103G)

CONDITIONS

Created By	Condition	Condition Date
anthony.harris	Proposed perforation interval is not approved as requested. Uppermost perforation can be no shallower than 3017 feet, corresponding to the Stratigraphic Top of the Yates formation	11/18/2025
anthony.harris	Post workover MIT required with OCD Witness	11/18/2025
anthony.harris	Submit a post-workover C-103 Subsequent Report summarizing the work performed and attach an updated wellbore diagram showing tubing size, packer depth and perforation details.	11/18/2025
anthony.harris	No Tubing up-size permitted	11/18/2025