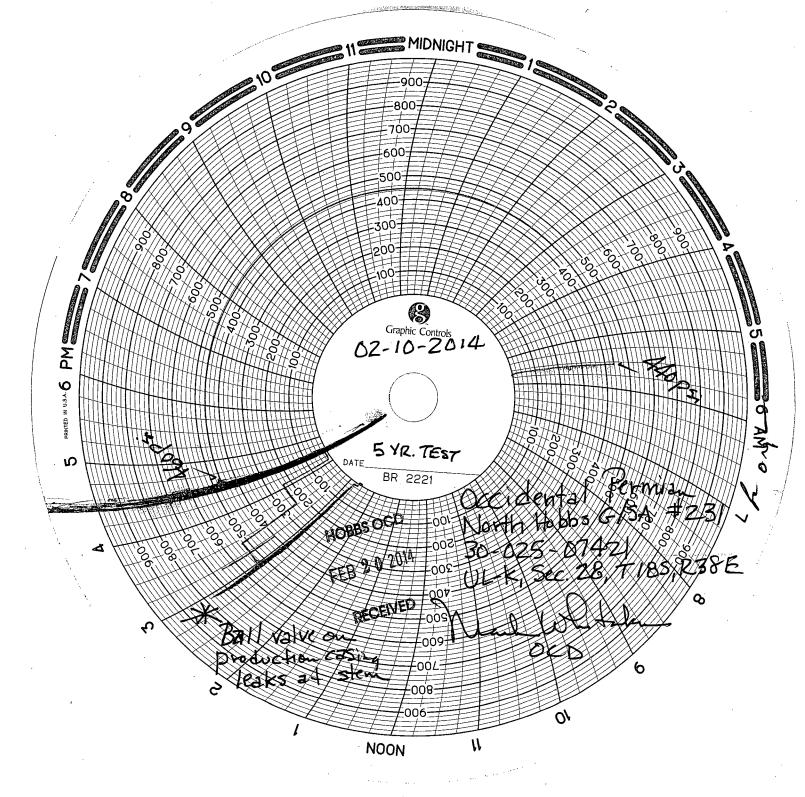
State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	QIL CONSERV	ATION DIVISION	
DISTRICT I 1625 N. French Dr. , Hobbs, NM 88240	Canta Da		WELL API NO. 30-025-07421
DISTRICT II 1301 W. Grand Ave, Artesia, NM 88210	FEB 2 0 2014		5. Indicate Type of Lease STATE FEE X
DISTRICT III	-afr/En		6. State Oil & Gas Lease No.
		112	7 Lease Name or Unit Agreement Name
			North Hobbs (G/SA) Unit
	'APPLICATION FOR PERMIT" (Form C-	101) for such proposals.)	Section 28
1. Type of Well: Oil Well	Gas Well Other Ir	ijector	8. Well No. 231
2. Name of Operator	/		9. OGRID No. 157984
3. Address of Operator			10. Pool name or Wildcat Hobbs (G/SA)
HCR 1 Box 90 Denver City, T	NOBBS OCU 1220 South St. Francis Dr. Santa Fe, NM 8750S NECLII W. Gread Ave, Artesia, NM 88210 RECTI State Pet 1220 South St. Francis Dr. Santa Fe, NM 8750S STATE FE 2 0 2014 STATE FE X State OLd College St. State OLd College		
	Feet From The South	Line and 1325 F	Feet From The West Line
		Range 38	B-E NMPM Lea County
	11. Elevation (Show whether DF, R		
	3651' GL		
OTHER:	waitible combiction		
	Operations (Clearly state all pertinent of		
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.			
Date of Test: 02/10/2014			
Pressure Readings: Initial – 460 PSI;, 15 min – 440 PSI; 30 min – 440 PSI			
Length of test: 30 minutes.			
Witnessed: YES – Mark Whitaker w/NMOCD			
			•
I hereby certify that the information above i constructed or	s true and complete to the best of my know	ledge and belief. I further certi	fy that any pit or below-grade tank has been/will be
closed according to NMOCD guideline	es , a general permit	· · · · · · · · · · · · · · · · · · ·	ive OCD-approved
SIGNATURE MONDA	a Cashman	_ .	ve Associate DATE 02/19/2014
TYPE OR PRINT NAME Mendy A.	Johnson E-mail address:		
For State Use Only		1	' 011'
APPROVED BY Y Valey	Down	_ TITLE COMPL	vance () ((ce) DATE 2/24/2019
CONDITIONS OF APPROVAL IF ANY:		ſ	<i>O</i> ' ' /
			FEB 2 4 2014 /
			W ZUI



Denotric Woods