

Submit 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

Form C-103  
Revised July 18, 2013

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

WELL API NO. 30-015-48888
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Choate Davis 13 State SWD
8. Well Number 3
9. OGRID Number 330211
10. Pool name or Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3556' GR

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 SWD	
2. Name of Operator Redwood Operating LLC	
3. Address of Operator P.O. Box 1370 Artesia, NM 88211-1370	
4. Well Location Unit Letter D : 660 feet from the North line and 600 feet from the West line Section 13 Township 18S Range 27E NMPM County Eddy	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3556' GR	

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: MIT 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.

A successful Mechanical Integrity Test was performed on the referenced well on 7/3/2023. A representative from the NM OCD was present to witness the test.

Spud Date:

Rig Release Date:

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

SIGNATURE Delilah Flores TITLE Regulatory Technician I DATE 7/5/2023

Type or print name Delilah Flores E-mail address: regulatory@redwoodoperating.com PHONE: 575-748-1288

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

## District 2 Artesia

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

Operator Name <b>Redwood Operating LLC</b>	API Number <b>30-015-48888</b>
Property Name <b>Choate Davis 13 State SWD</b>	Well No. <b>3</b>

## 7. Surface Location

UL- Lot <b>D</b>	Section <b>13</b>	Township <b>18S</b>	Range <b>27E</b>	Feet from <b>660</b>	N/S Line <b>North</b>	Feet from <b>600</b>	E/W Line <b>West</b>	County <b>Eddy, NM</b>
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## Well Status

TA'D WELL		SHUT-IN		INJECTOR		PRODUCER		DATE
<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>	<b>INJ</b>	<b>SWD</b>	<b>OIL</b>	<b>GAS</b>	<b>7/3/2023</b>

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

## OBSERVED DATA

If bradehead flowed water, check all of the descriptions that apply:

	(A)Surf-Interm	(B)Interm(1)-Interm(2)	(C)Interm-Prod	(D)Prod-Tubing	(E) Tubing
Pressure	<b>0</b>	<b>0</b>		<b>0</b>	
Flow Characteristics					
Puff	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	C02 ____ WTR ____ GAS ____ Type of fluid injected for Waterflood if applies
Steady Flow	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	
Surges	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	
Down to nothing	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	
Gas or Oil	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	
Water	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	

Remarks:

initial BHT-OK

Signature:		OIL CONSERVATION DIVISION
Printed Name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date:	Phone: 575-748-1288	
Witness: <i>[Signature]</i>		

State of New Mexico  
Energy, Minerals and Natural Resources Department

Michelle Lujan Grisham  
Governor

Sarah Cottrell Propst  
Cabinet Secretary

Todd E. Leahy, JD, PhD  
Deputy Secretary



Date: 7/3/2023

API# 30015-48888

A **Mechanical Integrity Test (M.I.T.)** was performed on, Well Choate Davis 13 State #3

☒ **M.I.T. is successful**, the original chart has been retained by the Operator on site. Send a **legible** scan of the chart with an attached **Original C-103 Form** indicating reason for the test, via post mail to District NMOCD field office. A scanned image will appear online via NMOCD website, [www.emnrd.state.nm.us/ocd/OCDOOnline.htm](http://www.emnrd.state.nm.us/ocd/OCDOOnline.htm) 7 to 10 days after postdating.

☐ **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.

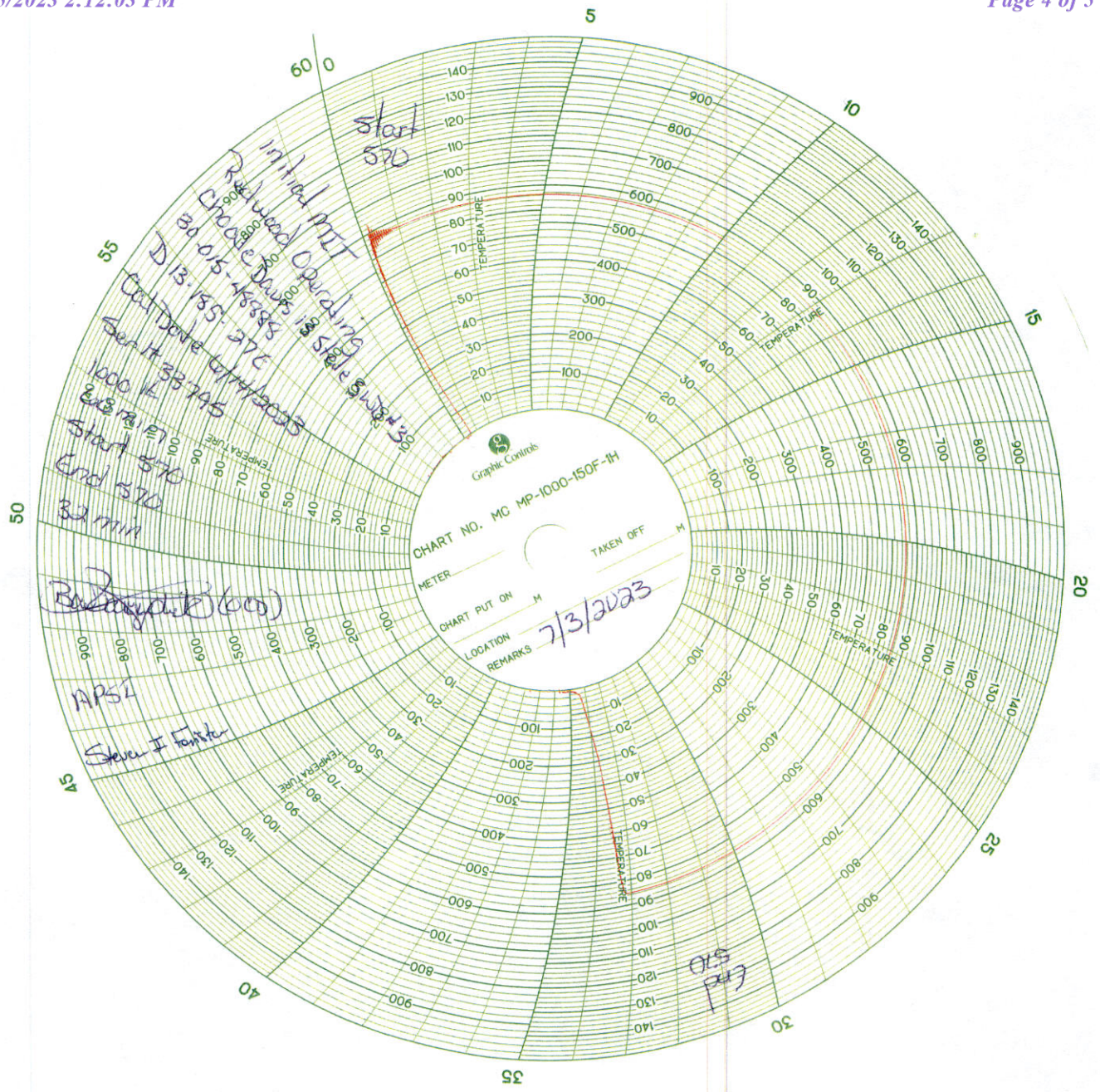
Please contact me for verification to ensure documentation requirements are in place prior to injection process.

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

Thank You,

Barbara Lydick, Compliance Officer  
EMNRD-O.C.D.  
575-703-4641  
[barbara.lydick@emnrd.nm.gov](mailto:barbara.lydick@emnrd.nm.gov)  
District 2 – Artesia, NM





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Phone:(505) 476-3470 Fax:(505) 476-3462

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Oil Conservation Division  
1220 S. St Francis Dr.  
Santa Fe, NM 87505

CONDITIONS

Action 236106

CONDITIONS

Operator: Redwood Operating LLC PO Box 1370 Artesia, NM 88210	OGRID: 330211
	Action Number: 236106
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
gcordero	None	10/10/2023