

<b>District I</b> 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720 <b>District II</b> 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720 <b>District III</b> 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 <b>District IV</b> 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462	<b>State of New Mexico</b> <b>Energy, Minerals and Natural</b> <b>Resources</b> <b>Oil Conservation Division</b> <b>1220 S. St Francis Dr.</b> <b>Santa Fe, NM 87505</b>	Form C-103 August 1, 2011 Permit 350263 WELL API NUMBER 30-025-51970 5. Indicate Type of Lease Private 6. State Oil & Gas Lease No.																				
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		7. Lease Name or Unit Agreement Name Red Hills AGI																				
1. Type of Well: Injection	8. Well Number 003																					
2. Name of Operator Targa Northern Delaware, LLC	9. OGRID Number 331548																					
3. Address of Operator 811 Louisiana, Suite 2100, Houston, TX 77002	10. Pool name or Wildcat AGI; Delaware																					
4. Well Location Unit Letter <u>I</u> : <u>3116</u> feet from the <u>N</u> line and feet <u>1159</u> from the <u>E</u> line Section <u>13</u> Township <u>24S</u> Range <u>33E</u> NMPM _____ County <u>Lea</u>																						
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3579' GR																						
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____																						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data <table border="0" style="width: 100%;"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE OF PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>MULTIPLE COMPL <input type="checkbox"/></td> <td>CASING/CEMENT JOB <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> <td colspan="2">Other: Initial MIT <input checked="" type="checkbox"/></td> </tr> </table>			NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>	TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE OF PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>		Other: _____		Other: Initial MIT <input checked="" type="checkbox"/>	
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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. 10/25/2023 Performed initial MIT & bradenhead test. Start pressure 560 psi. End pressure 540 psi. Held for 32 minutes. Pressure recorder chart and bradenhead test report attached. Witnessed by Kerry Fortner, NMOCD Hobbs.																						
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> . <table border="0" style="width: 100%;"> <tr> <td>SIGNATURE _____</td> <td>TITLE _____</td> <td>DATE _____</td> </tr> <tr> <td>Type or print name _____</td> <td>E-mail address _____</td> <td>Telephone No. _____</td> </tr> </table> For State Use Only: APPROVED BY: _____ TITLE _____ DATE _____			SIGNATURE _____	TITLE _____	DATE _____	Type or print name _____	E-mail address _____	Telephone No. _____														
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District I  
1625 N. Trench Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

Operator Name <b>Targa Northern Delaware</b>		API Number <b>30-025-51970</b>
Property Name <b>Red Hills AGI</b>		Well No. <b>003</b>

Surface Location									
UL - Lot <b>I</b>	Section <b>13</b>	Township <b>24S</b>	Range <b>33E</b>	Feet from <b>3116</b>	N/S Line <b>N</b>	Feet from <b>1159</b>	E/W Line <b>E</b>	County <b>Lea</b>	


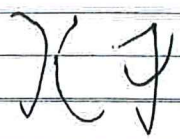
Well Status								DATE
TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN YES	<input checked="" type="radio"/> NO	INJECTOR <input checked="" type="radio"/> NO	SWD	OIL	PRODUCER GAS	<b>10-25-23</b>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	0	NA	0	0
Flow Characteristics	Cemented	Cemented			NOT INS
Pull	Y / N	Y / N	Y / N	Y / <input checked="" type="radio"/>	CO2 <input type="checkbox"/>
Steady Flow	Y / N	Y / N	Y / N	Y / <input checked="" type="radio"/>	WTR <input type="checkbox"/>
Surges	Y / N	Y / N	Y / N	Y / <input checked="" type="radio"/>	GAS <input type="checkbox"/>
Down to nothing	Y / N	Y / N	Y / N	0 / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / <input checked="" type="radio"/>	Injected for
Water	Y / N	Y / N	Y / N	Y / <input checked="" type="radio"/>	Waterflood if applies

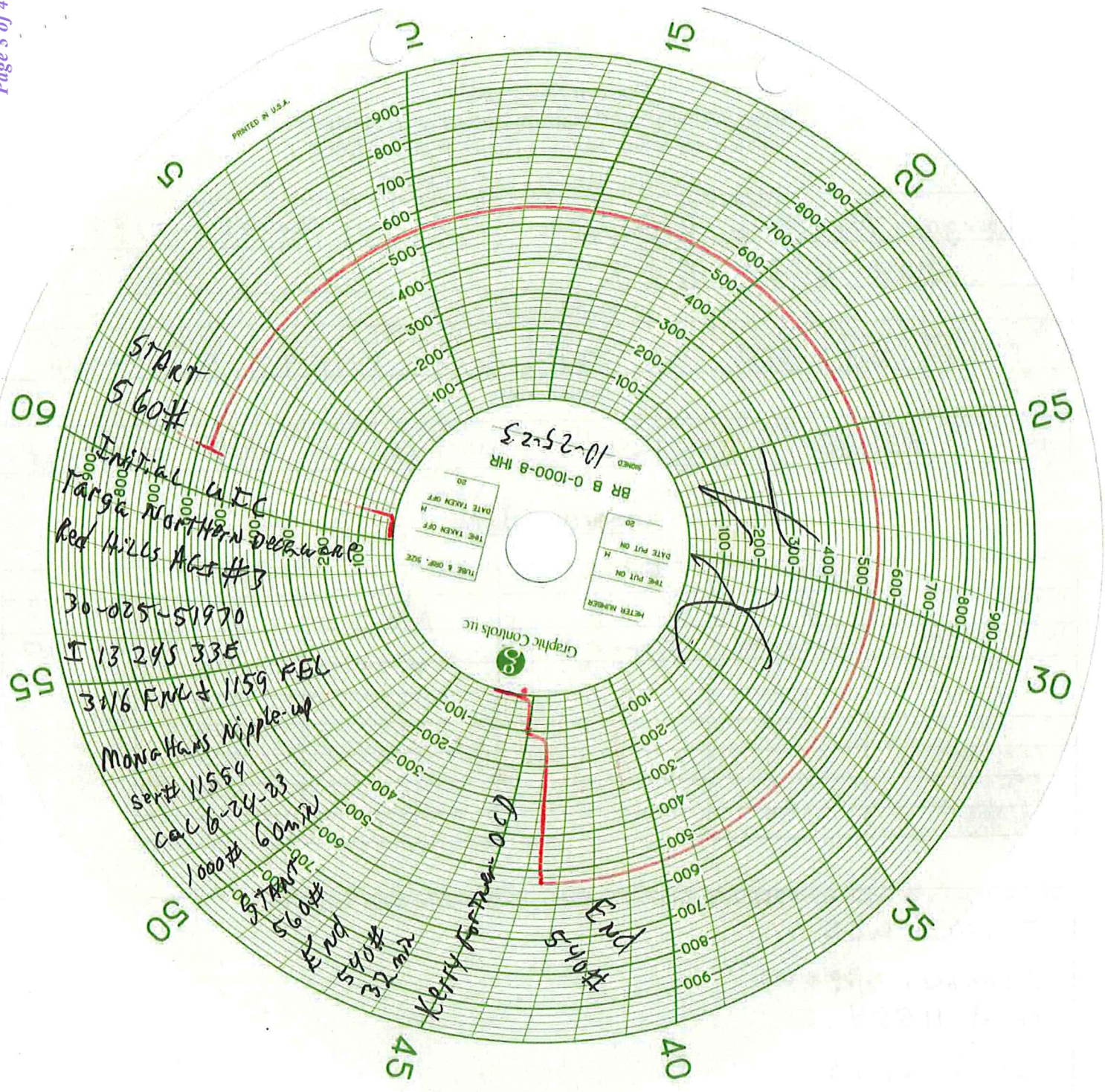
Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Initial WCC  
Monahans nipple up  
Ser # 11554  
cal 6-24-23

Signature: 	OIL CONSERVATION DIVISION
Printed name: <b>Brian Baker</b>	Entered into RBDMS
Title: <b>Drilling Manager</b>	Re-test
E-mail Address: <b>bbakere@pamidstream.com</b>	
Date: <b>10/25/23</b>	
Phone: <b>432-269-8633</b>	
Witness: <b>Kerry Fortner - OCD</b>	

INSTRUCTIONS ON BACK OF THIS FORM





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

CONDITIONS

Action 283342

CONDITIONS

Operator: Targa Northern Delaware, LLC. 110 W. 7th Street, Suite 2300 Tulsa, OK 74119	OGRID: 331548
	Action Number: 283342
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
gcordero	None	11/9/2023