

Submit 1 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. 30-015-23493
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name BKE
8. Well Number #1
9. OGRID Number 19797
10. Pool name or Wildcat

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 Injection	
2. Name of Operator Key Energy Services LLC	
3. Address of Operator Desta Drive Suite 4300 Midland Tx 79705	
4. Well Location Unit Letter H: 2310 feet from the North line and 860 feet from the East line Section 13 Township 23S Range 27 E NMPM County Eddy	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <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.

Reason for Work: Repair Tubing Leak

MIRU: Set packer-tubing plug by wire-line with pressure lubricator, bled off casing and tubing pressure, MIT casing at 350 psi-30 min, pressure held OK, bled down, installed BOP, un-latched tubing from packer, removed tubing for inspection. Found tubing leak in third joint down, re-entered with all new 3.5 inch 9.3 lb/ft plastic EUE 8 rd L/N 80 tubing, pressured tubing for integrity, pressured opened pump out assembly plug. Call OCD to witness final casing MIT with chart recorder- OCD inspector passed test, place back on Injection. (See attached detail well completion report, profile and drawing). OCD Inspector took pressure chart and will place in well file upon receiving C-103.

Spud Date: Oct 28, 2013

Rig Release Date: Nov 11, 2013

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

SIGNATURE  TITLE Key Energy Agent-Consultant DATE Dec 02, 2013

Type or print name Wayne Price- Agent-Consultant E-mail address: wayneprice77@earthlink.net PHONE: 505-715-2809

For State Use Only

APPROVED BY:  TITLE Compliance Officer DATE 12/3/13  
Conditions of Approval (if any):

## DOWN HOLE WELL PROFILE