Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 883	ED .	WELL API NO.
District II = (575) 748-1285	OIL CONSERVATION DIVISION	30-015-27398
811 S. First St., Artesia, NM 88210 <u>District III</u> - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM FAB	5. Indicate Type of Lease STATE STATE FEE	
District IV = (303) + 70-3400		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	LH2460	
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC	7. Lease Name or Unit Agreement Name POGO 36 STATE	
PROPOSALS.)	8. Well Number	
1. Type of Well: Oil Well	#1	
2. Name of Operator	9. OGRID Number	
SOUTHW	21355	
3. Address of Operator	10. Pool name or Wildcat	
P.O. BOX 53570; MIDLAND,	NBD - DELAWARE	
4. Well Location		·
Unit Letter L : 23	0'feet from theSOUTH line and33	0' feet from the WEST line
Section 36	Township 25-S Range 29-E	NMPM EDDY County
	11. Elevation (Show whether DR, RKB, RT, GR, etc. 3037.5' GR)

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

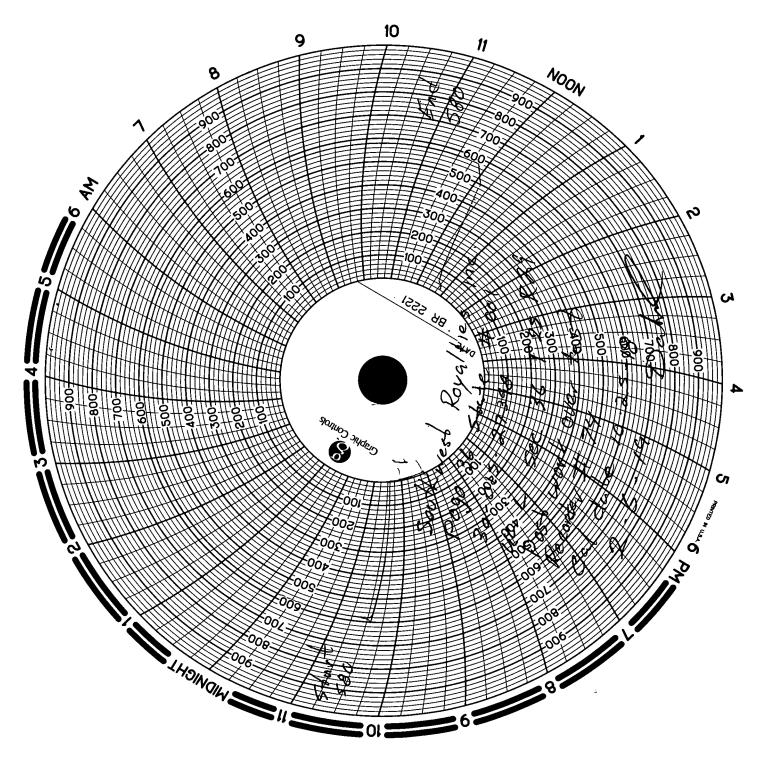
NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK		PLUG AND ABANDON		REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING OPNS.	P AND A	
PULL OR ALTER CASING		MULTIPLE COMPL		CASING/CEMENT JOB		
DOWNHOLE COMMINGLE [
CLOSED-LOOP SYSTEM		OTHER:		OTHER:	C	

 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.

1/26/2019–2/6/2019: MIRU Joe's well service rig. POOH tubing & packer. Found tubing joint #20 had a bad pin and packer had bad rubber seals. Replace bad tubing and packer. Test tubing in to 5,000 psi. Replace #2 jt up from packer. RIH to 4,607', issues setting packer. POOH equipment and exchange for Basin Arrowset packer. RIH new packer, circulate 83 bbl pkr fluid. Set packer @ 4,607' in 10,000 psi compression. RU pump truck & run 30 min chart @ 580#, chart held. RDMO rig.

MIT test witnessed by NMOCD - Danny Smolik

Spud Date:	APRIL 30, 1993	Rig Release Date:	MAY 19, 1993				
I hereby certify that the information above is true and complete to the best of my knowledge and belief. $($							
SIGNATURE		TITLE REGULATO		DATE <u>02/07/2019</u>			
For State Use	name <u>LINDSAY LIVESAY</u>	E-mail address: <u>llivesay(</u>	<u>yswrpermian.com</u>	PHONE: <u>(432) 207-3054</u>			
APPROVED Conditions of	BY: De Andrewski Approval (if any):	TITLE <u>Comp/1a</u>	ice officer	DATE 2-19-19			







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'e:

Michelle Lujan Grisham Governor

Sarah Cottrell Propst Cabinet Secretary Designate

Todd E. Leahy, JD, PhD Deputy Secretary **Gabriel Wade,** Acting Director Oil Conservation Division



Date: <u>2 - 6 - 1</u>9

API# 30-015-27398

A Mechanical Integrity Test (M.I.T.) was performed on, Well Pogo 36 5

 \times 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/OCDOnllne.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 **Rusty Klein** at **575-748-1283 x109** 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) 748-1283 ext.

Thank You, Dona

Dan Smolik, Compliance Officer EMNRD-O.C.D. District II – Artesia, NM