

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. 30-015-39446
5. Indicate Type of Lease STATE <input type="checkbox"/> FEDERAL <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NMLC028731B
7. Lease Name or Unit Agreement Name EMPIRE FEDERAL SWD
8. Well Number 5
9. OGRID Number 328947
10. Pool name or Wildcat SWD; CISCO
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3551' 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 Gas Well Other

2. Name of Operator
SPUR ENERGY PARTNERS LLC

3. Address of Operator
920 MEMORIAL CITY WAY, SUITE 1000, HOUSTON, TX 77024

4. Well Location
 Unit Letter B : 850 feet from the NORTH line and 2310 feet from the EAST line
 Section 10 17S Township 29E Range NMPM EDDY County

11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3551' GR
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING MULTIPLE COMPL
 DOWNHOLE COMMINGLE
 CLOSED-LOOP SYSTEM
 OTHER:

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. P AND A
 CASING/CEMENT JOB
 OTHER: MIT TEST

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.

SPUR ENERGY PARTNERS LLC ran MIT test post well work -over.

RECEIVED
 JAN 21 2020
 EMNRD-OGD ARTESIA

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 Sarah Chapman TITLE REGULATORY SPECIALIST DATE 01/20/2020

Type or print name SARAH CHAPMAN E-mail address: SCHARMAN@SPUREPLLC.COM PHONE: 832-930-8613
For State Use Only

APPROVED BY: Dasull TITLE Compliance Officer DATE 1-28-20
 Conditions of Approval (if any):

State of New Mexico
Energy, Minerals and Natural Resources Department

Susana Martinez
Governor

Ken McQueen
Cabinet Secretary

Matthias Sayer
Deputy Cabinet Secretary

Heather Riley, Division Director
Oil Conservation Division



Date:

API#

1-9-20
30-05-3446

A Mechanical Integrity Test (M.I.T.) was performed on, Well Empire Federal surd #5

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/OCOnline.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. 103.

Thank You,

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

District II - Artesia

811 S. 1st Street, Artesia, NM 88210

Phone: (575) 748-1283 - Fax: (575) 748-9720

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

BRADENHEAD TEST REPORT

Operator Name <i>Spur Energy Partners LLC</i>	API Number <i>30-015-39446</i>
Property Name <i>Empire Federal SWD</i>	Well No. <i>005</i>

7. Surface Location										
UL - Lot <i>B</i>	Section <i>10</i>	Township <i>17</i>	Range <i>29</i>	Feet from <i>850</i>	N/S Line <i>W</i>	Feet From <i>2310</i>	E/W Line <i>E</i>	County <i>ELAY</i>		

Well Status				
TA'D Well YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJECTOR INJ <input type="checkbox"/> SWD <input checked="" type="checkbox"/>	PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE <i>1-9-20</i>

OBSERVED DATA

	(A) Surf-Interm.	(B) Interm. (1)	(C) Interm. (2)	(D) Prod Casing	(E) Tubing
Pressure					
<u>Flow Characteristics</u>					
Puff	Y/ N	Y/ N	Y/ N	Y/ N	CO2 _____
Steady Flow	Y/ N	Y/ N	Y/ N	Y/ N	WTR _____
Surges	Y/ N	Y/ N	Y/ N	Y/ N	GAS _____
Down to nothing	Y/ N	Y/ N	Y/ N	Y/ N	If applicable type
Gas or Oil	Y/ N	Y/ N	Y/ N	Y/ N	fluid injected for
Water	Y/ N	Y/ N	Y/ N	Y/ N	Waterflood

If Braden head flowed water, check all the descriptions that apply:

CLEAR <input type="checkbox"/>	FRESH <input type="checkbox"/>	SALTY <input type="checkbox"/>	SULFUR <input type="checkbox"/>	BLACK <input type="checkbox"/>
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Remarks: Please state for each string (A, B, C, D, E) pertinent information regarding bleed down or continuous build up if applies.

post work over

Signature: <i>D. Smolik</i>	OIL CONSERVATION DIVISION
Printed name: Danny Smolik	Entered RBDMS
Title: Compliance Office O	Re-test
E-mail Address: danny.smolik@state.nm.us	
Date: <i>1-9-20</i>	Phone: 575-626-0836
Witness:	

