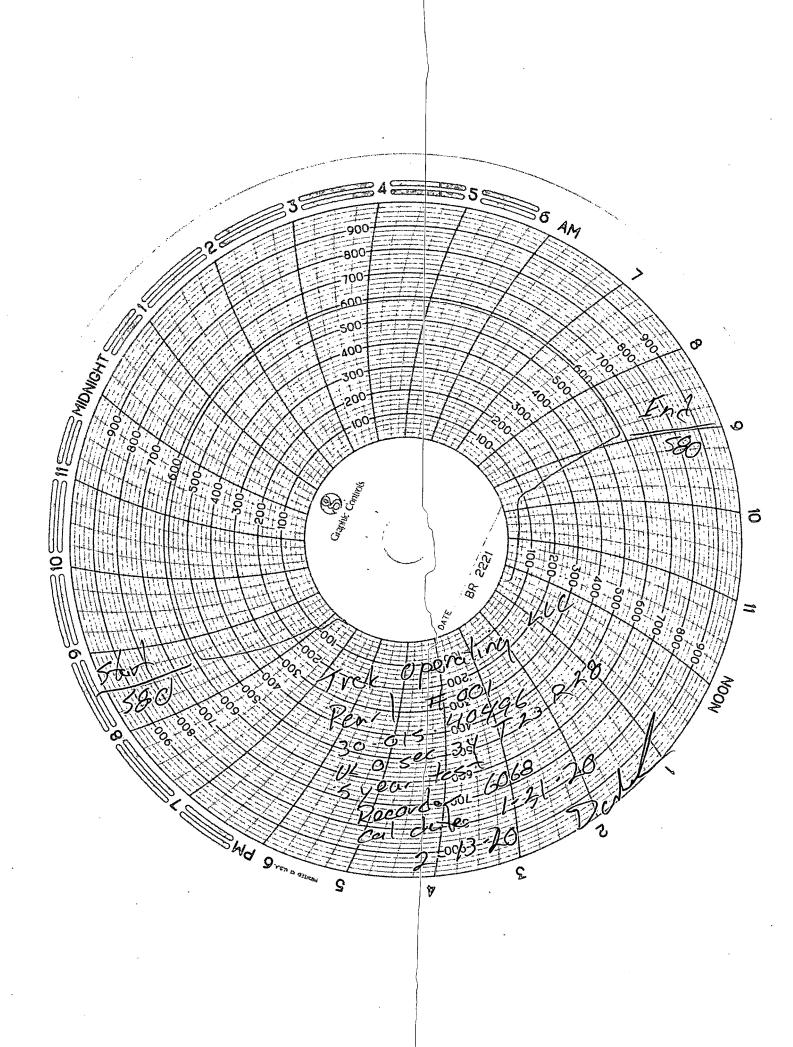
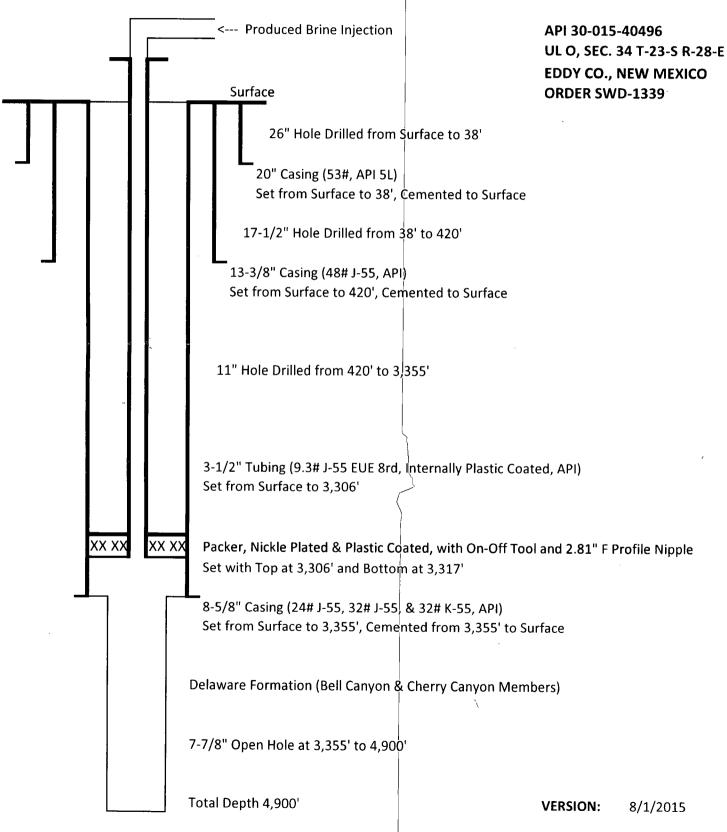
Submit 1 Copy To Appropria Office <u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, <u>District 11</u> – (575) 748-1283 811 S. First St., Artesia, NM <u>District 111</u> – (505) 33 1000 Rio Brazos Rd., Azleć, <u>District 1V</u> – (505) 476-3460 1220 S. St. Francis Dr., Sant 87505	Energy NM 8 PEB 2 4 2020 88210 NR 9710 CDARTE	State of New Mex y, Minerals and Natura CONSERVATION I 0 South St. Franc Santa Fe, NM 875	al Resources DIVISION sis Dr.	WELL API NO. 30-01 5. Indicate Type of L STATE 6. State Oil & Gas Le	FEE 🖂
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 SWD (Order SWD-1339) 2. Name of Operator				 7. Lease Name or Unit Agreement Name Pearl 8. Well Number 1 9. OGRID Number 255281 	
Trek Operating LLC					
3. Address of Operator P O Box 52098 Tulsa OK 74152-0098				 Pool name or Wildcat 96802 SWD; Bell Canyon-Cherry Canyon 	
4. Well Location	O 800	South	· · · · · · · · · · · · · · · · · · ·	475	East
Unit Letter Section		eet from the Township 23-S I	line and Range 28-E		eline Eddy County
		ion (Show whether DR, 1			ddy County
and the second second second		3,031' GR			
NOTIO	. Check Appropriate	I TO:		SEQUENT REPO	RT OF:
PERFORM REMEDIAL TEMPORARILY ABAN PULL OR ALTER CASI DOWNHOLE COMMIN	DON CHANGE I NG CHANGE I NG MULTIPLE GLE C	PLANS	RÉMEDIAL WORI COMMENCE DRI CASING/CEMENT	LLING OPNS.	ERING CASING
CLOSED-LOOP SYSTE OTHER:	EM 🗌	· _	OTHER: Mecha	anical Integrity Test	\square
of starting any p	sed or completed operation proposed work). SEE RU letion or recompletion.	ons. (Clearly state all pe JLE 19.15.7.14 NMAC.	rtinent details, and	d give pertinent dates, in	cluding estimated date
2/13/2020	Conducted wellbore N Compliance Officer, A	lechanical Integrity Test artesia, as follows:	(MIT) in the pres	ence of Mr. Dan Smolik	, OCD
	 Installed pressure red Pressured tubing – c Closed all valves on After 30 minutes of the second sec	np truck, loaded with fre cording device, with cha asing annulus to 580 psi pump truck and observe observation, pressure on on annulus, completed to	rt, on annulus valv g d annulus pressur annulus holding a	ve	
		/ellbore diagram attache		tion of test results attach	ned.
Spud Date:		Rig Release Date	:		
I hereby certify that the i	nformation above is true	and complete to the best	of my knowledge	e and belief.	
-	<u>d D. Bulu</u> Brad D. Burks	MaTITLE	nager office@bkxcorp	DATE_	2. 21. 2020 918-582-3855
Type or print name For State Use Only		E-mail address:		PHONE	
APPROVED BY:	Dad if any):	TITLE Com	pliance a	Alicer DATE	2-25-20



WELL DIAGRAM

TREK OPERATING, LLC

PEARL WELL NO. 1



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 Adrienne Sandoval, Division Director Oil Conservation Division Date: $2 \cdot 13 \cdot 20$ API# 30 - 015 - 40496

A Mechanical Integrity Test (M.I.T.) was performed on, Well ______

AM.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 noncompliance 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) 748-1283 ext.103

Thank You,

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