

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

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.)		WELL API NO. 30-015-20743
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Fasken Oil and Ranch, Ltd.		6. State Oil & Gas Lease No.
3. Address of Operator 6101 Holiday Hill Road, Midland, TX 79707		7. Lease Name or Unit Agreement Name Avalon State
4. Well Location Unit Letter <u> K </u> : <u> 1440 </u> feet from the <u> South </u> line and <u> 1650 </u> feet from the <u> West </u> line Section <u> 7 </u> Township <u> 21S </u> Range <u> 26E </u> NMPM County <u> Eddy </u>		8. Well Number <u> 1 </u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u> 3321' KB </u>		9. OGRID Number <u> 151416 </u>
10. Pool name or Wildcat SWD; Bone Springs		

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <u> 5 year pressure test </u> <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

An MIT test was performed on the above well for its 5 year pressure schedule. Attached is a copy of the test ran.

RECEIVED

SEP 28 2018

DISTRICT II-ARTESIA O.C.D.

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 Addison Guelker TITLE Regulatory Analyst DATE 9/26/18

Type or print name Addison Guelker E-mail address: addisong@forl.com PHONE: 432-687-1777
For State Use Only

APPROVED BY: [Signature] TITLE Staff Mgr DATE 10-9-18
 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

Heather Riley, Division Director
Oil Conservation Division



Date 9-24-18

API # 30-0 15-20743

Dear Operator:

I have this date performed a Mechanical Integrity Test on the Avalon state SWD col

If this test was successful the original chart has been retained by the operator. Send a legible scan of the chart with form C-103 indicating reason for test. It will be scanned into the well file in 7 to 10 days (pending receipt of legible scan and form C-103). The well files are located at www.emnrd.state.nm.us/ocd/OCDOnline.htm

If this test was unsuccessful the original chart has been returned to the operator pending repair and retest of the well, which must be accomplished within 90 days. If this is a test of a repaired well, previously in non-compliance, all dates and requirements of the original non-compliance are still in effect. No expectation of extension should be construed because of this test.

If this test was for Temporary Abandonment include in your detailed description, on Form C-103, the location of the CIBP and any other tubular goods in the well, as well as your request for TA status. Include how long you are requesting the TA status for.

If this is a successful test of a repaired well you must submit a form C-103 to NMOCD within 30 days. This C-103 must include a **detailed** description of the repair to the well. Only after receipt of the C-103 will the non-compliance be closed.

If this is a successful Initial Test of an injection well you must submit a form C-103 to NMOCD within 30 days. This C-103 must include a **detailed** description of the work done on this well **including the position of the packer, tubing information, the date of first injection, the tubing pressure and injection volume. Contact Rusty Klein at 575-748-1283 x109 to verify all required paperwork has been received before you can begin injection.**

If I can be of additional service contact me at (575) 748-1283 Ext 114.

Thank You,

A handwritten signature in black ink, appearing to read "Dan Smolik".

Dan Smolik
Compliance Officer
District II - Artesia

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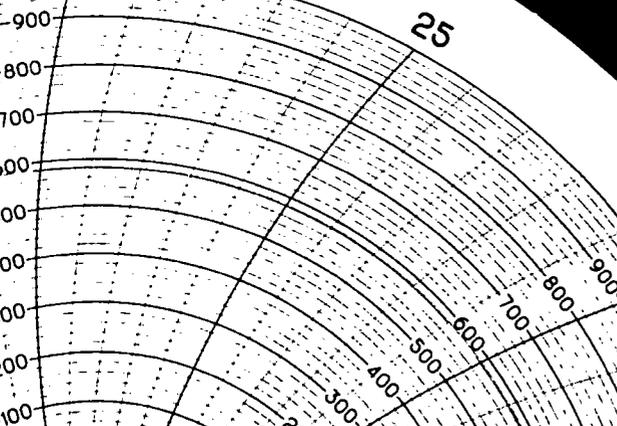
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Graphic Controls

DATE: P. 0-1000-1
MIL. 5-0000-1

Stat
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END
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Wickon oil and
Nuclear State SWD

APR 30 0015 20143

UL K sec T 21 R 24
5 year pressure test

Recorder # 8519

Cal date 8-28-18

9-24-18

Doc

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