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., Artes <b>JJ SUFFECT</b> II-ARTESIA OF CONSERVATION DIVISION District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 State of New Mexico Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 District III – (575) 748-1283 811 S. First St., Artes JSUFFECTION DIVISION District IV – (505) 34-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 State of New Mexico Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 District IV – (505) 476-3460 State of New Mexico Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 District IV – (505) 476-3460 State of New Mexico Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 District IV – (505) 476-3460 State of New Mexico Energy, Minerals and Natural Resources State of New Mexico State of New Mexico State of New Mexico State of New Mexico New Mexico State of New Mexico	Form C-102 Revised July 18, 201 WELL API NO.
Information District II - (575) 748-1283         BIT S. First St., Artesal STREST OF CONSERVATION DIVISION         District III - (505) 334-6178         1000 Rio Brazos Rd., Aztec, NM 87410	WELL API NO.
District III         - (505) 334-6178         1220 South St. Francis Dr.           1000 Rio Brazos Rd, Aztec, NM 87410         Santa Fo. NM 87505	
District III         - (505) 334-6178         1220 South St. Francis Dr.           1000 Rio Brazos Rd, Aztec, NM 87410         Santo Fo. NM 87505	30-015-22249 5. Indicate Type of Lease
	STATE 🛛 FEE 🗌
1220 S. SL Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No. K-6653
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.)	7. Lease Name or Unit Agreement Name Millman H.D. State Com
1. Type of Well: Oil Well 🔲 Gas Well 🛛 Other	8. Well Number 2
2. Name of Operator	9. OGRID Number
Vanguard Operating LLC 3. Address of Operator	258350 10. Pool name or Wildcat
5847 San Felipe Ste 3000 Houston Texas 77057	South Millman (Morrow)
4. Well Location	· · · · · ·
Unit Letter <u>B: 660</u> feet from the <u>North</u> line and <u>1980</u> feet from the	e <u>East</u> line
Section 17 Township 19S Range 28E NMP	
11. Elevation (Show whether DR, RKB, RT, GR, etc. 3,525 GR	
12. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUE	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	
DOWNHOLE COMMINGLE	
OTHER: OTHER: TA 13. Describe proposed or completed operations. (Clearly state all pertinent details, and	A give pertinent dates including estimated da
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Co	
proposed completion or recompletion.	
1. 11/05/18 Notified NMOCD before rigging up.	
2. 11/06 -11/07/18 MIRU WS. Released pkr. TOH LD production equipme	
RU WL. Set CIBP at 10,770'( top perf 10,813). Capped 3. 11/08-18 Filled casing with treated water. RD WS & WL	with 35ft of cement.
4. 11/13/18 Pressure tested casing to 580 psig for thirty minutes. Recorded	pressure chart (attached). Opened all casing
valves (bradenhead and intermediate) during the internal pressure test. N	o flow or pressure was seen during the test.
Test witnessed by Gilbert Cordero NMOCD Staff Manager. Bled off pre TA complete.	ssure. Secured well. No tog left in well.
TA complete.	y Abandened Stellus approved
i i i i i i i i i i i i i i i i i i i	5-1-21
Spud Date: Rig Release Date:	
Last Prod 5-2017	
I hereby certify that the information above is true and complete to the best of my knowledge	e and belief
SIGNATURE Moder TITLE Permian District S	Superintendent DATE <u>11-20-18</u>
Type or print name <u>C.M. "Marty" Bloodworth, P.E.</u> E-mail address: <u>mbloodwo</u>	rth@vnrenergy.com PHONE: 432-770-97
For State Use Only	
APPROVED BY: AF COM TITLE STATE M.	DATE 11-21-18
Conditions of Approval (if any):	

Susana Martinez Governor

Ken McQueen Cabinet Secretary

Matthias Sayer Deputy Cabinet Secretary Heather Riley, Division Director Oil Conservation Division



Date: 11/13/18

API# 30-015-22249

A Mechanical Integrity Test (M.I.T.) was performed on, Well M. Ilman # HD State Com 002

\_\_\_\_\_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.

<u>X</u> 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 **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. 114.

Thank You,

Gilbert Cordero, Staff Manager EMNRD-O.C.D. District II – Artesia, NM

