

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

OIL CONSERVATION DIVISION

220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
October 13, 2009

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. 30-025-21497
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other - Acid Gas Injection <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Targa Midstream Services, LP		6. State Oil & Gas Lease No.
3. Address of Operator 1000 Louisiana, Suite 4300, Houston, TX 77002-5036		7. Lease Name or Unit Agreement Name Eunice Gas Plant SWD
4. Well Location Unit Letter <u>L</u> : <u>2580</u> feet from the <u>South</u> line and <u>1200</u> feet from the <u>West</u> line Section <u>27</u> Township <u>22S</u> Range <u>37E</u> NMPM Lea County		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 24650
		10. Pool name or Wildcat SWD: San Andres

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: Ran Initial MIT ☐

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.

Initial MIT was run. Witnessed and signed by OCD representative.

Packer @ 4203'.

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

Denise Jones

TITLE

Regulatory Analyst

DATE

7-1-11

Type or print name
For State Use Only

Denise Jones

E-mail address: djones@cambrianmgmt.com PHONE: 432-620-9181

APPROVED BY

[Signature]

TITLE

State Manager

DATE

7-6-2011

Conditions of Approval (if any):

