

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. 30-025-38789
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Parker Energy SWD
8. Well Number 5
9. OGRID Number 245739
10. Pool name or Wildcat 96121 / SWD: SAN ANDRES
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3528'

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

2. Name of Operator
PARKER ENERGY SUPPORT SERVICES INC

3. Address of Operator
PO BOX 1957 EUNICE NEW MEXICO

4. Well Location
 Unit Letter A 1200 feet from the NORTH line and 990 feet from the EAST line
 Section 24 Township 21S Range 36E NMPM County LEA COUNTY, NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER:		OTHER: REPAIR COMMUNICATION BETWEEN TBG AND ANNULUS <input type="checkbox"/>	

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.

THIS DOCUMENT SERVES AS NOTICE TO NMOCD THAT A COMMUNICATION HAS OCCURRED BETWEEN TBG AND ANNULUS. ADMINSTRATIVE ORDER # SWD – 1500.

WITH NMOCD PERMISSION WE INTEND TO PULL WELL, DETERMINE THE FAILURE (TBG OR PACKER) RUN REPAIRED OR NEW INJECTION STRING. CALL OCD THEN TEST (MIT) CSG WITH CHART. PUT WELL BACK ON INJECTION.

24 HR NOTICE BEFOER RUNNING POST WORKOVER TEST

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 Fred M Ortiz TITLE Well Supv DATE 12-08-2020

Type or print name FRED M ORTIZ E-mail address fredortiz409@gmail.com PHONE: 575-390-3243

For State Use Only

APPROVED BY: Gary Robinson TITLE Compliance Officer A DATE 12-8-2020

Conditions of Approval (if any):