

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 August 1, 2011

HOBBS OGD

MAY 10 2012

CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-38576
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V07530-0001
7. Lease Name or Unit Agreement Name Linam AGI
8. Well Number 1
9. OGRID Number 36785
10. Pool name or Wildcat AGI - Wolfcamp

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injection <input type="checkbox"/>	
2. Name of Operator DCP Midstream LP	
3. Address of Operator 370 17 th Street, Suite 2500, Denver, CO 80202	
4. Well Location Unit Letter K: 1980 feet from the South line and 1980 feet from the west line Section 30 Township 18S Range 37E NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3736 GR	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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"/>			
OTHER <input type="checkbox"/>		OTHER <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.

Purpose of this workover was described in the proposed procedure for the repair of the Linam AGI#1 to address tubing leak and weakened casing, as described in the approved 5/3/2012 C-103 Notice of Intent. While running in hole on 5/2/12 with replacement packer, the packer became stuck and set at approximately 830' in the 7" casing. Operator milled out permanent packer, fished out the six bottom slips and finished the modified completion operation and returned well to original configuration with an additional corrosion inhibited packer fluid to protect section of weakened casing and aid in maintaining long term integrity of operations. Following workover operations, the required MIT was successfully performed and witnessed by Mr. E.L. Gonzales of NMOCD on 5/8/2012 at 2:55pm. The following steps were completed in the workover.

1. Run in hole with milling tool to mill out miss set new Inconel packer at approximately 830';
2. Spear and remove packer from hole, inspect removed packer, check for casing damage; successfully fish out all packer debris
3. Notify OCD and pressure test casing/tubing annulus to 500 psi. verbally relayed results to Mr. Gonzales on 5/6/2012
4. Run in hole with a new string of tubing, testing each joint to 4000psi for 60 seconds. Installed original SSSV. Tested tubing string to 3000 psi for 30 minutes.
5. Clean out annulus, dehydrate with inhibited methanol, load annulus with inhibited diesel packer fluid as per approved C-103.
6. Install new injection tree.
7. Remove blanking plug. Released workover rig.
8. Notify OCD of MIT test. Pressure test casing/tubing annulus to 470 psi. 5/8/2012, witnessed by Mr. Gonzales. Chart for 30 minutes. Chart Attached.
9. Bleed pressure 200# SICP at end of job.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE  TITLE Consultant to DCP Midstream

DATE 05/09/2012

Type or print name Alberto A. Gutierrez, RG E-mail address: aag@geolex.com

PHONE: 505-842-8000

For State Use Only

APPROVED BY:  TITLE STATE MEMBER

DATE 5-10-2012

Conditions of Approval (if any):

