Office Engrave M	ate of New Mexico inerals and Natural Resources	Form C-103 Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-025-02538
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE
1220 S. St. Francis Dr , Santa Fe, NM	anta Fe, NM 87505	6. State Oil & Gas Lease No. B-6807
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		7. Lease Name or Unit Agreement Name Kaiser State
PROPOSALS.) 1. Type of Well: Oil Well ☐ Gas Well ☑ Other SWO —		8. Well Number 9
2. Name of Operator P & W Resoucres LLC		9. OGRID Number 1458 ZZD 35/ らいり
3. Address of Operator P.O. Box 1479 Carlsbad NM 88221-1479		10. Pool name or Wildcat Wilson Yates Seven Rivers
4. Well Location Unit Letter F: 1980	feet from the north	line and 1980 feet from the
westline	reet from thenorth	ine andieet nom the
	wnship 21S Range 34E Show whether DR, RKB, RT, GR, etc	NMPM County Lea
The Dievation (
12. Check Appropriate Bo	x to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO		SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND AB TEMPORARILY ABANDON CHANGE PLAI	ANDON REMEDIAL WOF	RK ALTERING CASING ALTERING ALTERING CASING ALTERING A
PULL OR ALTER CASING MULTIPLE CO DOWNHOLE COMMINGLE	MPL CASING/GEMEN	er shall be set within or less than 100
OTHER:	feet of the u	ppermost injection perfs or open hole.
13. Describe proposed or completed operations.	(Clearly state all pertinent details, ar	nd give pertinent dates, including estimated date
of starting any proposed work). SEE RULE proposed completion or recompletion.		_
Failed Mit test 5-23-12 shut in well.	11.6 C Packer shall be se	
Plan on getting a pull unit 5-30-12 Will toh of hole for leak in tubing and replace packer. Will notify ocd for mit test.	feet of the uppermost inju	ection perfs or open hole.
The Oil Conservation Division	C	ondition of Approval: notify
MUST BE NOTIFIED 24 Hours	(OCD Hobbs office 24 hours
Prior to the beginning of operations	prio	of running MIT Test & Chart
Spud Date:	n: n l n n	
Splid Date.	Rig Release Date:	
I hereby certify that the information above is true and	complete to the best of my knowled	ge and belief.
SIGNATURE (LAY) (WISON	_ TITLE Presiden	DATE \$ 28/12
Type or print name CLAY L WILSON	E-mail address:	PHONE: 575-706-1.84

APPROVED BY:

Conditions of Approval (if any):

TITLE

TITLE

DATE 5-30-2012

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PIW RESCOURESLIC. KAISER ST H 9 Unit F Sec 13 TZ15 R3# Lea
API# 30-025-02538
1) 250 BBL 1/2 frac open top

2) During each day of operation for the Rig crew will inspect and closely monitor the fluids contained with the steel tanks and visually monitor any releases that may occur. Should a release, spill or leak occur, the VMOCD District 1 office Hobbs, 575-393-6161 will be notified, as required in NMOCD rule 19.15.29.8.

Closure:

After work over operations, fluids and solids will be hauled and disposed at CRI location permit number NM-01-0006 Secondary site will be Sundance Disposal permit number NM-01-0003.