

HOBBS OCD

MAY 06 2013

OIL & GAS RECEIVED

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

Form C-103  
Revised August 1, 2011

WELL API NO. 30-025-12070-0000
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name W H Rhodes B Federal NCT 1
8. Well Number 009
9. OGRID Number 288774
10. Pool name or Wildcat Rhodes; Yates-Seven Rivers
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

**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 Injection

2. Name of Operator  
PPC Operating Company LLC

3. Address of Operator  
1500 Industrial Blvd, Ste 102; Abilene, TX 79602

4. Well Location  
Unit Letter P : 660 feet from the South line and 660 feet from the East line  
Section 27 Township 26S Range 37E NMPM County Lea

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input 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"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT Test Report <input checked="" 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.

Well was pressure tested (MIT) 04/05/2013. Report emailed 4/16/13 - failed to include C-103.

Spud Date: 03/04/1943

Rig Release Date: 03/30/1943

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

SIGNATURE Jana Spraberry TITLE Office Administrator DATE 04/30/2013

Type or print name Jana Spraberry E-mail address: jspraberry@plantationpetro.com PHONE: 325-267-6046

APPROVED BY [Signature] TITLE DIST. MGR DATE 5-7-2013

Conditions of Approval (if any):

MAY 21 2013

APR 17 2013

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