Office Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-045-40002`
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III - (505) 334-6178	1220 South St. Francis Dr.	STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Salita 1 e, 1 m 2 o 7 o 7	0. State Off & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
	ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	ATION FOR PERMIT" (FORM C-101) FOR SUCH	Monument AGI
1. Type of Well: Oil Well Gas Well X Other AGI Well		8. Well Number 1
2. Name of Operator		9. OGRID Number 24650
Targa Midstream Services, LP		
3. Address of Operator		10. Pool name or Wildcat
1000 Louisiana, Ste 4300, Houson, TX 77002		AGI in Devonian/Fusselman
4. Well Location		
Unit Letter O :	feet from theSouth line and _2	feet from theEastline
Section 36	Township 19S Range 36E	NMPM Lea County
	11. Elevation (Show whether DR, RKB, RT, GR, et	c.)
	3571' GR	
12. Check A	ppropriate Box to Indicate Nature of Notice	e, Report or Other Data
		•
NOTICE OF IN		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK X	PLUG AND ABANDON REMEDIAL WO	
TEMPORARILY ABANDON		RILLING OPNS.☐ P AND A ☐
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEME	NT JOB
DOWNHOLE COMMINGLE	Per Unde	erground Injection Control Program Manual
CLOSED-LOOP SYSTEM	i	_
OTHER:	OTHER: 11.0 C	Packer shall be set within or less than 100
13. Describe proposed or compl	eted operations. (Clearly state all pertinent details, ark). SEE RULE 19.15.7.14 NMAC. For Multiple C	ind give pertinent dates, including estimated date the honormost injection perfs or ones halo
proposed completion or reco		omprations: Attach wellede dragt when note.
proposed completion of reco	impletion.	
MIRU – Kill well		
Pull and LD disposal tbg		
Run back with new tubing and add on/off tool to assembly		HOBBS OCD
Run MIT	•	1100000000
		OFD 1 7 2012
No Pits		SEP 1 7 2013
		RECEIVED
The Oil Conservation Div	ision Condition of Appro	oval: notify
		a 24 hours
MUST BE NOTIFIED 24 1	Ivuis	c 24 Hours
Prior to the beginning of ope	erations prior of running MIT	Test & Chart
Spud Date:	Rig Release Date:	
		7013
I hereby certify that the information a	bove is true and complete to the best of my knowled	lge and belief.
<u> </u>		V
		_
SIGNATURE I spise	TITLE Regulatory Analyst	DATE_09/16/2013
Time or print name. Danies Lane	F il - 1 d di di	\sim
Type or print nameDenise Jones For State Use Only	E-mail address: ajones@cambrian	mgmt.com PHONE: _432-620-9181
For State Use Unity		
APPROVED BY	TITLE DIST MA	DATE 9-18-2013
1/20)- · · · · · · · · · · · · · · · · · · ·	DAIL 1.18. COIS
CONDITION OF APPROVAL: National of	CONDITION OF A	APPROVAL: Operator shall give the OCD
CONDITION OF APPROVAL: Notify OCD D. prior to STARTING THE WORKOVER	District Office 24	hour notice before running the MIT test and chart.
4		