

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

HOBBS State of New Mexico
 Energy, Minerals and Natural Resources
DEC 26 2013
RECEIVED
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised August 1, 2011

WELL API NO. 30-025-12059-0000
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 Rhodes Yates Unit
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.) 2981 DR

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 H : 1980 feet from the North line and 660 feet from the East line
 Section 28 28 Township 26S Range 37E NMPM County Lea

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: Retest due to incorrect chart <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 and failed. A workover rig was contracted to repair the well. I have attached a copy of the workover report. A hole was found in the casing and was squeezed from 583 to 628 with 100 sx of Class C cement. A copy of the workover report is attached. The well was retested on 5/8/13.

The incorrect chart was used on 5/8/13. PPC was notified and a retest was performed on 12/10/13. Test was partially witnessed by Mark Whitaker. Well was placed back on injection after the first retest on 5/8/13.

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 12/26/2013
 Type or print name Jana Spraberry E-mail address: jspraberry@plantationpetro.com PHONE: 325-267-6046

For State Use Only
 APPROVED BY: Mark Whitaker TITLE Compliance Officer DATE 12-26-13
 Conditions of Approval (if any):

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