Submit I Copy To Appropriate District State of New Mexico Form C-103 Office Revised July 18, 2013 Energy, Minerals and Natural Resources District I - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 30-025-12065-0000 OIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease District III - (505) 334-6178 1220 South St. Francis Dr. FEE □ STATE | 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 7. Lease Name or Unit Agreement Name 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 Rhodes Yates Unit PROPOSALS.) 8. Well Number 1. Type of Well: Oil Well Gas Well X Other Injection 2. Name of Operator 9. OGRID Number 288774 PPC Operating Company LLC 3. Address of Operator 10. Pool name or Wildcat Rhodes: Yates-Seven Rivers 1500 Industrial Blvd., Ste. 304; Abilene, TX 79602 4. Well Location Unit Letter C : 600 feet from the North line and 1980 feet from the West line NMPM County Lea Township 26S Section 27 Range 37F 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PLUG AND ABANDON REMEDIAL WORK ALTERING CASING □ PERFORM REMEDIAL WORK □ CHANGE PLANS COMMENCE DRILLING OPNS. P AND A TEMPORARILY ABANDON П PULL OR ALTER CASING  $\Box$ MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: MIT Test Report OTHER: 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. HOBBS OCD Well was pressure tested (MIT) 4/17/2014. Chart attached. MAY 09 2014 RECEIVED Spud Date: Rig Release Date: 02/15/1944 03/12/1944 I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Office Administrator **SIGNATURE DATE** 04/29/2014 Type or print nume Jana Spraberry E-mail address: jspraberry@plantationpetro.comPHONE: 325-267-6046 For State Use Only Shiff Manager APPROVED BY:

Conditions of Approval (if any):

