

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

Form C-103  
Revised July 18, 2013

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-12037-0000
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injection <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator PPC Operating Company LLC		6. State Oil & Gas Lease No.
3. Address of Operator 1500 Industrial Blvd., Ste. 304; Abilene, TX 79602		7. Lease Name or Unit Agreement Name W H Rhodes A Federal
4. Well Location Unit Letter <u>O</u> : <u>555</u> feet from the <u>South</u> line and <u>2085</u> feet from the <u>East</u> line Section <u>22</u> Township <u>26S</u> Range <u>37E</u> NMPM County <u>Lea</u>		8. Well Number <u>005</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <u>288774</u>
		10. Pool name or Wildcat Rhodes; Yates-Seven Rivers

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 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"/>			
CLOSED-LOOP SYSTEM <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) 4/10/2014. Chart attached.

Spud Date:

06/17/1944

Rig Release Date:

07/13/1944

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 04/29/2014

Type or print name Jana Spraberry

E-mail address: jspraberry@plantationpetro.com PHONE: 325-267-6046

For State Use Only

APPROVED BY:

*Bill Sernamack*

TITLE Staff Manager

DATE 5/29/2014

Conditions of Approval (if any):

AUG 21 2014

✓

