

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

WELL API NO. 30-025-07936
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Carter San Andres Unit
8. Well Number 402
9. OGRID Number 009338
10. Pool name or Wildcat South Carter (San Andres)

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-10) FOR PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
Great Western Drilling Company

3. Address of Operator
PO Box 1659 Midland, Texas 79702

4. Well Location
Unit Letter F : 1650 feet from the N line and 2310 feet from the W line
Section 8 Township 18S Range 39E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
GL 3628'

HOBBS OCD
 SEP 09 2014
 RECEIVED

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: MP/MB TEST W/ 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.

8/28/2014: TEST CASING TO 540 PSI FOR 30 MINUTES. VERBAL OK TO CONDUCT TEST BY BILL SONNAMAKER (OCD). ORIGINAL CHART IS ATTACHED W/ BRADENHEAD TEST REPORT. WELL IS AN INJECTION WELL.

Spud Date:

Rig Release Date:

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

SIGNATURE Ralph Skinner Jr. TITLE PRODUCTION FOREMAN DATE 9-8-2014

Type or print name Ralph Skinner Jr. E-mail address: rskinner@gwdc.com PHONE: 575-942-1294

For State Use Only

APPROVED BY: Bill Sonnamaker TITLE Staff Manager DATE 9/9/2014

Conditions of Approval (if any):

FOR RECORD SEP 12 2014

