

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.) <b>HOBBS OCD</b>		WELL API NO. 30-025-33542
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Great Western Drilling Company		6. State Oil & Gas Lease No.
3. Address of Operator PO Box 1659 Midland, Texas 79702		7. Lease Name or Unit Agreement Name South Carter San Andres Unit
4. Well Location Unit Letter __ M __ : 1190 __ feet from the __ S __ line and __ 990 __ feet from the __ W __ line Section 5 Township 18S Range 39E NMPM County Lea		8. Well Number 703
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3649'		9. OGRID Number 009338
		10. Pool name or Wildcat South Carter (San Andres)

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 530 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

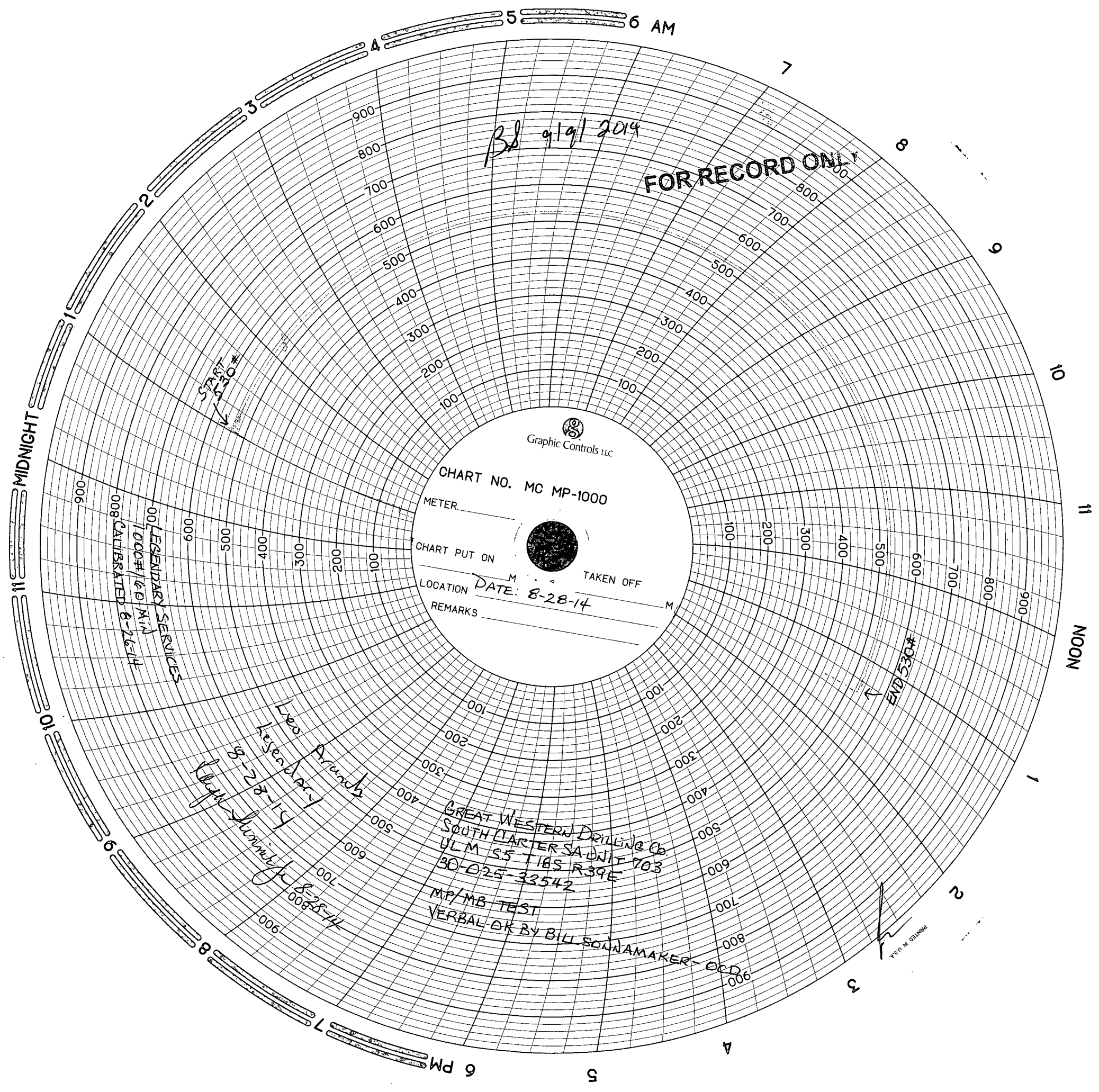
Type or print name Ralph Skinner Jr. E-mail address: rskinner@gwdc.com PHONE: 575-942-1294

**For State Use Only**

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

Conditions of Approval (if any):

**FOR RECORD ONLY** SEP 12 2014



BS 9/9/2014

FOR RECORD ONLY

START 530\*

END 530\*

00 LEGENDARY SERVICES  
1000# / 60 MIN  
008 CALIBRATED 8-26-14

Leo  
Legendary  
8-28-14  
Branch  
Summit  
8-28-14  
008

CHART NO. MC MP-1000

METER

CHART PUT ON

TAKEN OFF

LOCATION

DATE: 8-28-14

REMARKS

GREAT WESTERN DRILLING CO.  
SOUTH PLATTERS UNIT 703  
ULM 55 TBS R39E  
30-025-33542

MP/MB TEST

VERBAL OK BY BILL SONAMAKER

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