

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.<br>30-025-00368 ✓  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>B-9683  |
| 7. Lease Name or Unit Agreement Name<br>Anderson Ranch Unit -                                       |
| 8. Well Number<br>16 -  |
| 9. OGRID Number<br>155471   |
| 10. Pool name or Wildcat<br>Wolfcamp  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>4331' DF                                      |

**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  SWD Well  **HOBBS OCD**

2. Name of Operator  
Grand Banks Energy Company

3. Address of Operator  
10 Desta Drive, Suite 300-E, Midland, Texas 79705

4. Well Location  
 Unit Letter T : 1980 feet from the S line and 660 feet from the W line  
 Section 2 Township 16S Range 32E NMPM County Lea

**OCT 14 2014**  
**RECEIVED**

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

|  |   |  |  |
|--|---|--|--|
| <b>NOTICE OF INTENTION TO:</b>                 |   | <b>SUBSEQUENT REPORT OF:</b>   |  |
| 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"/>    |   | OTHER: Mechanical Integrity Test <input checked="" type="checkbox"/> |  |
| CLOSED-LOOP SYSTEM <input type="checkbox"/>    |   |  |  |
| OTHER: <input 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.

Ran mechanical integrity test per OCD requirements. No pressure observed on Surface or Intermediate casing. Opened Prod/Tbg annulus valve. Observed 40 psi on gauge. Bled down to zero in 30 seconds. Flowed out 3 gals of packer fluid. Observed no further flow or pressure. RU pump track and pressured-up casing to 310 psig. Held steady for entire required test period. Annotated pressure chart attached. Put well back on injection with 48 psig tubing pressure. No flow on casing. Shut in casing valve. Prior to test Mr. Sonnabaker was contacted for witnessing operation. We were instructed to go ahead with the test without an OCD witness on location.

Spud Date: 8-21-14 Rig Release Date: 8-21-14

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

SIGNATURE Terry Duffey TITLE PRESIDENT DATE 10-8-14

Type or print name TERRY DUFFEY E-mail address: TERRY.DUFFEY@ATT.NET PHONE: 432-978 1126

APPROVED BY: Bil Sonnabaker TITLE Staff Manager DATE 10/16/2014

Conditions of Approval (if any):

**OR RECORD ONLY**

OCT 20 17 2014

