

Submit 1 Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
October 13, 2009

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

WELL API NO. 30-025-38576
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V07530-0001
7. Lease Name or Unit Agreement Name Linam AGI
8. Well Number #1
9. OGRID Number 36785
10. Pool name or Wildcat AGI:Wolfcamp

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Acid Gas Injection <input checked="" type="checkbox"/>	
2. Name of Operator DCP Midstream LP	
3. Address of Operator 370 17 th Street, Suite 2500, Denver, CO 80202	
4. Well Location Unit Letter <u>K</u> : <u>1980</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>30</u> Township <u>18S</u> Range <u>37E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3736 GR	

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER:	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Conduct MIT tests
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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.

Based on the results of the workover of the Linam AGI #1 in May 2012, DCP and OCD-Hobbs have determined that a MIT should be conducted every six months until the well is repaired by adding a stacked packer to confirm that no communication exists between the well tubing and the annular space in the well (the annular space being inside the 7" casing) and that the portion of compromised casing above the current packer is maintaining its integrity.

The MIT and Braden head Test was conducted on Thursday, March 19, 2015 at 10:54 am. In order to conduct the MIT, the annular space pressure was adjusted to 640 psi by adding a small amount of diesel immediately before the test.

- Initially the starting injection pressure and the annular space pressure between casing and tubing was 100 psig.
- Placed chart on annular space and began recording annular space pressure.
- Bled off annular fluid (diesel) to bring observed annular space pressure to 0 psig.
- Slowly raised annular pressure by introducing diesel to the annulus to bring pressure to 640 psig.
- When annulus pressure reached 640 psig closed valves to pumping truck and recorded annular space pressure for one-half hour.
- The tubing injection pressure started at 1606 psig and ended at 1607 psig; and injection temperature started at 128°F and ended at 127°F.
- After one-half hour the annulus pressure was 605 psig.
- Bled off annular fluid to reduce observed pressure to zero.
- Stopped recording.
- Restored annular pressure to normal psig.

APR 02 2015



Geolex, Inc. and Pate Trucking conducted the test. After meeting at the Linam AGI #1 facility near Hobbs, NM we held a tailgate safety meeting upon arrival at the well location.

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



SIGNATURE

TITLE: Consultant to DCP Midstream LP

DATE: 3/19/2015

Type or print name

Michael W. Selke, RG

E-mail address: mselke@geolex.com

PHONE: 505-842-8000

For State Use Only

APPROVED BY:



TITLE

Staff Manager

DATE

3/19/2015

Conditions of Approval (if any):



