| · ,  |  |                            |  |  |  |  |  |
|--|--|----------------------------|--|--|--|--|--|
| Submit 1 Copy To Appropriate District  | strict State of New Mexico               |                            | Form C-103                                     |  |  |  |  |
| Office<br><u>District I – (575)</u> 393-6161   | $\Gamma$ and $M'$ and $L$ and $L$ is the |                            | Revised August 1, 2011                         |  |  |  |  |
| 1625 N. French Dr., Hobbs, NM 88240  | 240                                      |                            | WELL API NO.                                   |  |  |  |  |
| <u>District II</u> – (575) 748-1283<br>811 S. First St., Artesia, NM 88210   | OIL CONSERVATION DIVISION                |                            | 30-025-38576                                   |  |  |  |  |
| District III - (505) 334-6178  | 1220 South St. Fr                        | ancis Dr.                  | 5. Indicate Type of Lease<br>STATE S FEE       |  |  |  |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV – (505) 476-3460   | Santa Fe, NM                             | 87505                      | 6. State Oil & Gas Lease No.                   |  |  |  |  |
| 1220 S. St. Francis Dr., Santa Fe, NM  |  |                            | V07530-0001                                    |  |  |  |  |
| 87505  | CES AND REPORTS ON WELL                  | С                          | 7. Lease Name or Unit Agreement Name           |  |  |  |  |
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A<br>DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH  |  |                            | Linam AGI                                      |  |  |  |  |
| PROPOSALS.) 1. Type of Well: Oil Well  | Gas Well 🛛 Other                         | HOBBSOCD                   | 8. Well Number 1                               |  |  |  |  |
| 2. Name of Operator  |  |                            | 9. OGRID Number 36785                          |  |  |  |  |
| DCP Midstream LP   |  | JUN 22205                  |  |  |  |  |  |
| 3. Address of Operator   |  | JUN / J/ (LIND)            | 10. Pool name or Wildcat                       |  |  |  |  |
| 370 17 <sup>th</sup> Street, Suite 2500, Denve   | r CO 80202                               |                            | Wildcat  |  |  |  |  |
| 4. Well Location   |  | RECEIVED                   |  |  |  |  |  |
|  | rom the South line and 1980 feet         |                            |  |  |  |  |  |
| Section 30   | Township 18S                             | Range 37E                  | NMPM County Lea                                |  |  |  |  |
|  | 11. Elevation (Show whether D<br>3736 GR | R, RKB, RT, GR, etc.       |  |  |  |  |  |
| 12. Check Appropriate Box to   |  | Report or Other I          | Data   |  |  |  |  |
|  |  | iteport of Other I         | Jata   |  |  |  |  |
| NOTICE OF IN   |  |                            | SEQUENT REPORT OF:                             |  |  |  |  |
| PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WOR  |  |                            |  |  |  |  |  |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI  |  |                            |  |  |  |  |  |
| PULL OR ALTER CASING   |  | CASING/CEMEN               | Т ЈОВ  |  |  |  |  |
|  |  |                            |  |  |  |  |  |
| OTHER:   |  | OTHER: Monthly             | Report pursuant to Workover C-103              |  |  |  |  |
| 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 rec   | ompletion.                               |                            |  |  |  |  |  |
| Monthly Report for the Month en  | ding Mov 21 2015 (5/1/15 5/21)           | 15) Durquant to Way        | draven C 102 for Linem ACI #1                  |  |  |  |  |
|  |  |                            | lative to injection pressure, TAG temperature  |  |  |  |  |
|  |  |                            | main stable while reflecting the variations in |  |  |  |  |
| inlet flow rates to the plant and corre  |  |                            |  |  |  |  |  |
| -  |  |                            |  |  |  |  |  |
|  |  |                            | njection pressure demonstrates that the well   |  |  |  |  |
| continues to have good integrity. Average TAG Injection Pressure: 1,645 psig, Annulus Pressure: 358 psig, Pressure Differential: 1,287 psig, TAG Temperature: 122°F and TAG injection rate: 159,018 scf/hr. These average values are shown as lines on the pressure and flow |  |                            |  |  |  |  |  |
|  |  |                            | ed in 2012 which was further verified by the   |  |  |  |  |
|  |  |                            | and was witnessed and approved by NMOCD.       |  |  |  |  |
| The Linam AGI#1 continues to serve   | e as a safe, effective and environr      | nentally-friendly system   | em to dispose of Class II wastes consisting of |  |  |  |  |
| $H_2S$ and $CO_2$ .  |  | inentally intendig of the  |  |  |  |  |  |
|  |  |                            |  |  |  |  |  |
| I hereby certify that the information  | above is true and complete to the        | best of my knowledg        | e and belief.                                  |  |  |  |  |
|  |  |                            |  |  |  |  |  |
| SIGNATURE  |  |                            | <u>/ Geolex, Inc.</u> DATE <u>6/12/2015</u>    |  |  |  |  |
| Type or print name Alberto A. Gutie  | E-mail addr                              | ess: <u>aag@geolex.com</u> | PHONE: <u>505-842-8000</u>                     |  |  |  |  |
|  |  |                            |  |  |  |  |  |
| For State Use Only   |  |                            |  |  |  |  |  |
| a  | Pe                                       | troleum Enginee            | r 1/2-1.1                                      |  |  |  |  |
| APPROVED BY:   | TITLE TITLE                              |                            | DATE 06/22/15                                  |  |  |  |  |
| Conditions of Approval (If any):   | -  |                            |  |  |  |  |  |

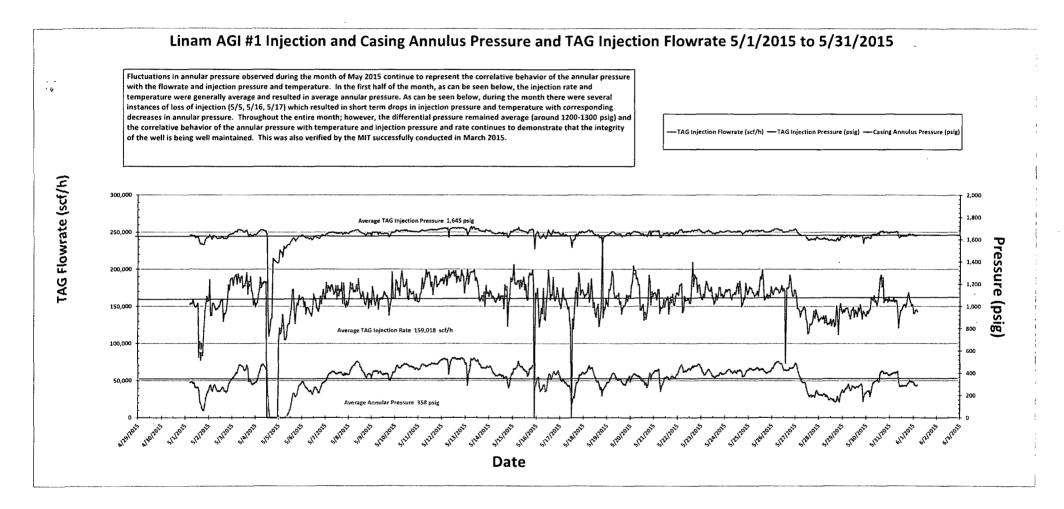
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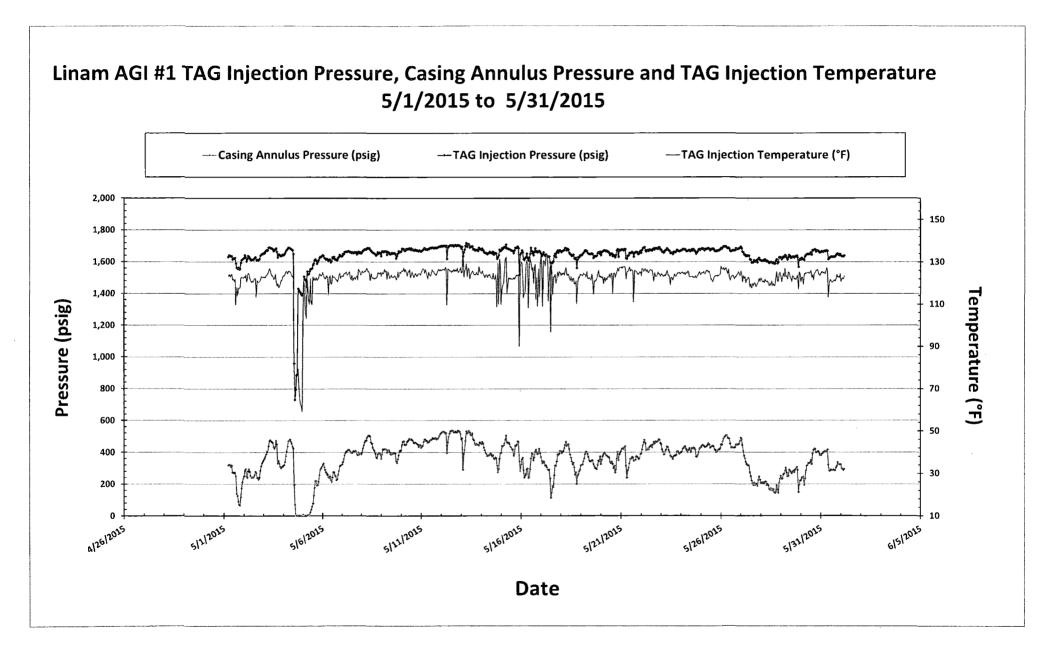
|            |                 |            | -  | -          | _ |
|------------|-----------------|------------|----|------------|---|
| C 1:4:     | of Approval     | $\omega =$ |    | <i></i> ۱. |   |
| Conditions | OT ADDLOVAL     | CU -       | ап | vr         |   |
| Conditions | or ruppio run ( |            |    | "          |   |
|            |                 |            |    |            |   |

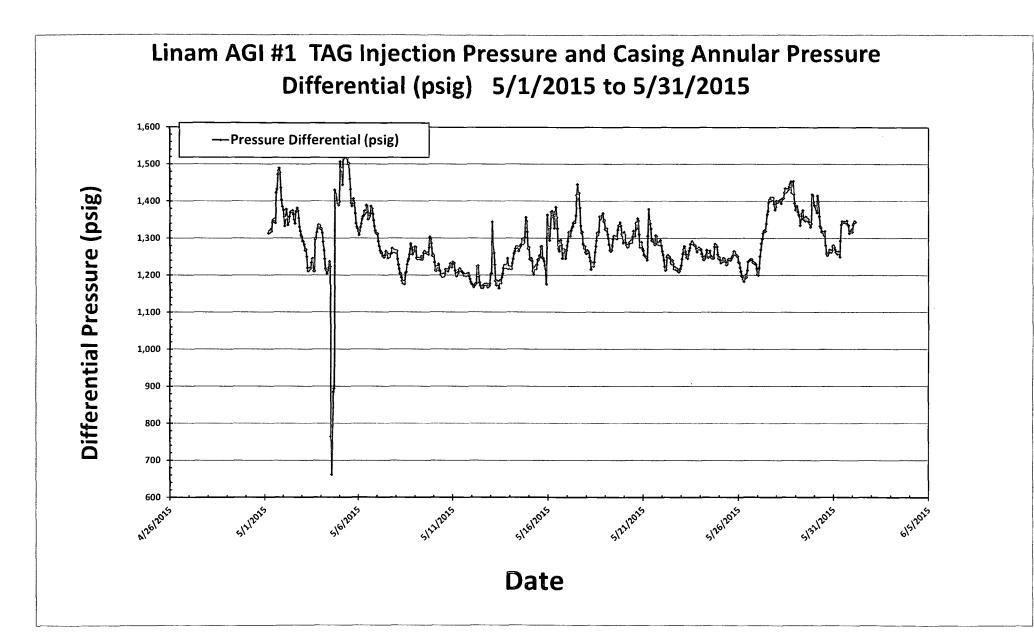
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