

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

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|--|----------------------------------|
| WELL API NO. | 30-025-42208 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> FEDERAL <input checked="" type="checkbox"/> | |
| 6. State Oil & Gas Lease No. | NMLC065863 |
| 7. Lease Name or Unit Agreement Name | Zia AGI |
| 8. Well Number | #1 |
| 9. OGRID Number | 36785 |
| 10. Pool name or Wildcat | AGI: Cherry Canyon/Brushy Canyon |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | 3,550 (GR) |

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: Acid Gas Injection Well

2. Name of Operator
DCP Midstream LP

3. Address of Operator
370 17th Street, Suite 2500, Denver, CO 80202

4. Well Location
Unit Letter L : 2,100 feet from the NORTH line and 950 feet from the WEST line
Section 19 Township 19S Range 32E NMPM County Lea

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

| | |
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| 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"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/> | 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: (Mechanical Integrity Test) <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.

The MIT was conducted on July 20, 2015 from 11:07 to 11:40 am. Prior to starting the MIT, the Battle Chart Recorder calibration was inspected by the NMOCD representative. Also the Section A, slip weld (braden head) and tubing pressure was checked by the NMOCD and found to be 0 psi. The MIT procedure was as follows:

- The MIT procedure was also reviewed with the MIT contractor (Battle) and the NMOCD representative.
- The initially annular space pressure between casing and tubing was 0 psig, as shown on the recording chart.
- The annular pressure was increased to 610 psig by introducing a small volume of diesel using the reversing unit.
- Valves between the pumping truck and annular space were closed for a minimum of 30 minutes.
- After 32 minutes the annular space pressure had decreased from 610 to 560 psig (8.2%). The tubing pressure and braden head pressure remained at 0 psig during the MIT.
- The annular fluid pressure was reduced back to 0 psig.
- The recording chart was stopped and provided to the NMOCD representative to label and sign.
- Annular pressure was allowed to return to pre-MIT conditions.

Spud Date: December 23, 2014 Rig Release Date: February 1, 2015

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

SIGNATURE Dale T. Littlejohn TITLE Consultant to DCP Midstream LP DATE 7-20-15
 Type or print name Dale T Littlejohn E-mail address: dale@geolex.com PHONE: 505-842-8000

For State Use Only
 APPROVED BY: Bil Samanik TITLE Staff Manager DATE 7-28-2015
 Conditions of Approval (if any):

JUL 30 2015

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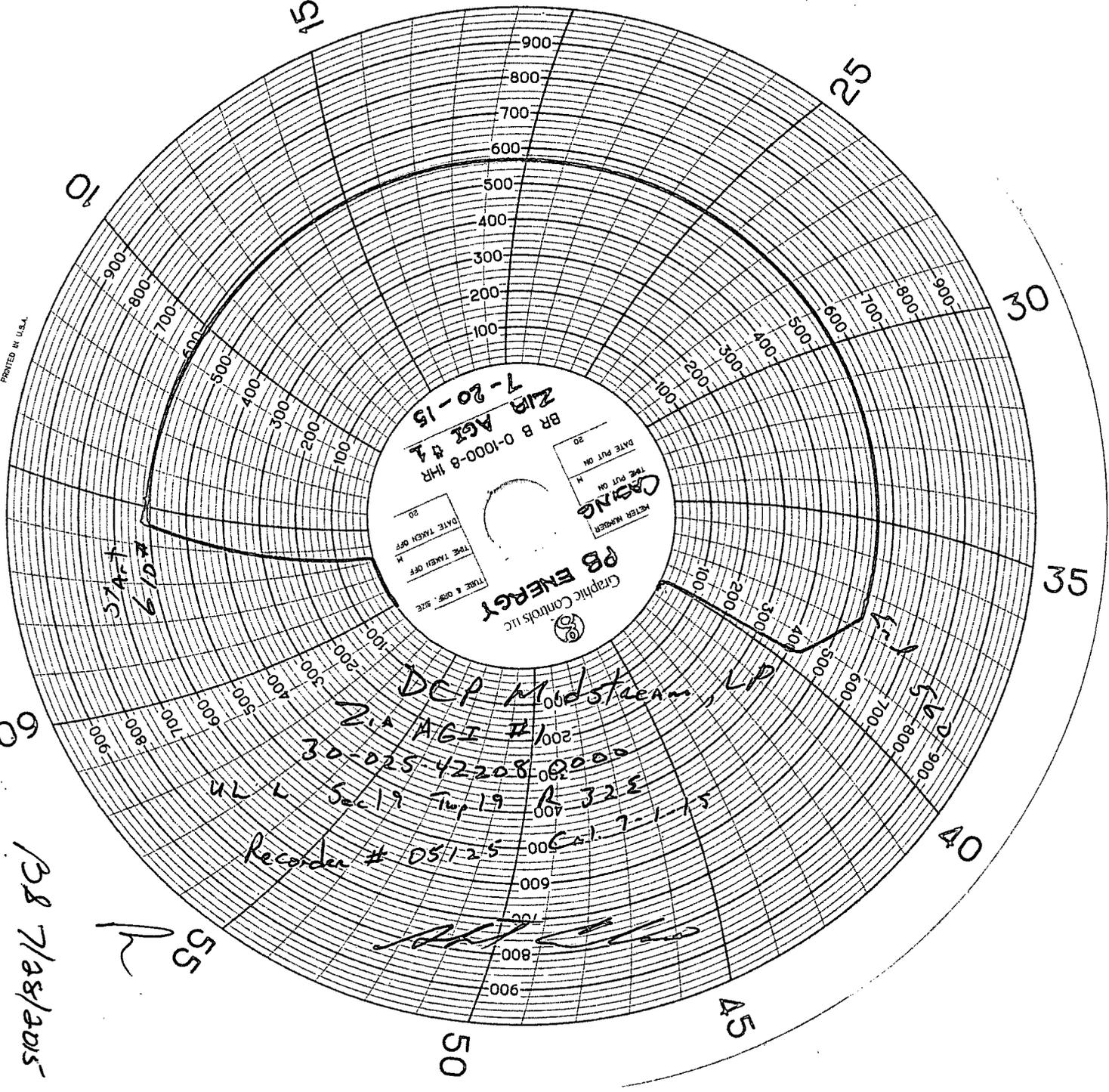
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138 7/28/2015



BR B 0-1000-8 JHR
 ZIR AGI # 1
 7-20-15

Graphic Controls LLC
PB ENERGY

DATE TAKEN OFF: _____
 TIME TAKEN OFF: _____

DATE TAKEN ON: _____
 TIME TAKEN ON: _____

METER MODEL: _____

CRANE

DPR Modstream LP
 N.A. AGI # 30-025-42208-0000
 UL L Sec 19 Temp 19 R 323
 Recorder # 05125

START 7/19



FORM: TEST CHART CALIBRATION

DATE: 7-1-15

CALIBRATOR: Len Perry

SIGNED: *[Signature]*

CHART NUMBER: 1

MODEL: TechCal

SERIAL NUMBER: 08125

PRESSURE RATING: 1,000

MANUFACTURER DATE:

CERTIFIED GAUGE: L34906

Accuracy of this recorder is +/- 0.5% of indicated range

BS 7/28/2015