|   | o Appropriate District  |                            | tate of New Me       | <del>-</del>                             |                              |   | Form C-10:                |               |
|---|---|----------------------------|----------------------|--|------------------------------|---|---------------------------|---------------|
| <u>District I</u> – (575) .<br>1625 N. French D   | 393-6161<br>Pr., Hobbs, NM 88240  | Energy, M                  | inerals and Natu     | ral Resources                            | WELL API N                   | 0   | evised July 18, 201       | $\frac{3}{1}$ |
| District II - (575) 748-1283<br>811 S. First St., Artesia, NM 88210 OIL CON<br>District III - (505) 334-6178 1220   |   |                            | NSERVATION           | SERVATION DIVISION South St. Francis Dr. |                              | 30-025-38923<br>5. Indicate Type of Lease |                           |               |
|   |   |                            |                      |  |                              |   | e<br>FEE ☐                | 4             |
| District IV - (505  | ) 476-3460  | S                          | anta Fe, NM 87       | '505                                     | 6. State Oil &               |   |                           | $\dashv$      |
| 87505   | is Dr., Santa Fe, NM  |                            |                      |  |                              |   |                           |               |
| (DO NOT USE T   |   | OTICES AND REPO            |                      |  | 7. Lease Nam                 | ne or Unit A                              | greement Name             |               |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) |   |                            |                      |  | Jalmat Field Yates Sand Unit |   |                           |               |
| 1. Type of Well: Oil Well Gas Well Other WIW - 10 60 50 Minh  |   |                            |                      |  | 8. Well Number 168           |   |                           |               |
| 2. Name of Operator BREITBURN OPERATING   |   |                            |                      |  | 9. OGRID Number 370080       |   |                           |               |
| 3. Address of Operator 1401 McKinney St. Suite 2400, Houston Texas 77010 RECENTED   |   |                            |                      |  | 10. Pool name or Wildcat     |   |                           |               |
| 1401 McK  | Jalmat, Tansill-Yates-7 Rivers  |                            |                      |  |                              |   |                           |               |
| 4. Well Locat   | ion   |                            | _                    |  | 700                          |   | \A/                       |               |
| Section Section   | Letter <u>M</u><br>on 12  |                            | om the Suship 22S Ra |  |                              | from the _                                | W line                    |               |
| Section   | 011 12  |                            |                      | inge 35E<br>RKB, RT, GR, etc.,           | NMPM                         | Coun                                      | iy LEA                    | $\dashv$      |
| spine.  | eric  | 14,                        |                      | 7 GL                                     | <u></u>                      | 346                                       |                           |               |
|   | 10 CI   |                            |                      | CNA                                      | <b>D</b> . O.1               |   |                           |               |
|   | 12. Checi   | k Appropriate Bo           | x to Indicate N.     | ature of Notice,                         | Report or Oti                | her Data                                  |                           |               |
|   |   | INTENTION TO               |                      |  | SEQUENT                      |   |                           |               |
| PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WITTENDERS   REMEDIAL WITTENDERS   COMMENCE I   |   |                            |                      |  | K [<br>ILLING OPNS.[         |   | RING CASING 🔲             |               |
| PULL OR ALT   |   | ☐ MULTIPLE CO              |                      | CASING/CEMEN                             |                              | _   | ,                         |               |
| DOWNHOLE  |   |                            |                      |  |                              |   |                           |               |
| CLOSED-LOC<br>OTHER:  | OP SYSTEM   |                            | П                    | OTHER: MIT                               | TEST                         |   | . 🔯                       | Ì             |
| 13. Descri  |   | mpleted operations.        |                      | pertinent details, and                   |                              |   |                           | ate           |
|   | ting any proposed sed completion or   | work). SEE RULE            | 19.15.7.14 NMAC      | 2. For Multiple Con                      | mpletions: Atta              | ch wellbore                               | e diagram of              |               |
| propos  | sea completion of   | recompletion.              |                      |  |                              |   |                           |               |
| PFRF(   | ORM 5 YEAR  | UIC MIT TEST               | CHART ATT            | ACHED                                    |                              |   |                           |               |
| ,   | 0111110 127111  | 0.0                        | ,                    | ,  |                              |   |                           |               |
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|   |   |                            |                      |  |                              |   |                           |               |
|   |   |                            |                      |  |                              |   |                           |               |
|   |   |                            |                      |  |                              |   |                           |               |
|   |   |                            | ·                    |  |                              |   |                           |               |
|   |   |                            | ·                    |  |                              |   |                           |               |
| Г   |   |                            | ·                    |  |                              |   |                           |               |
| Spud Date:  | 05/20/200   | 3                          | Rig Release Da       | ıte:                                     |                              |   |                           |               |
| Spud Date:  | 05/20/200   | 8                          | Rig Release Da       | ıte:                                     |                              |   |                           |               |
| ,   |   | 8<br>ion above is true and |                      |  | ge and belief.               |   |                           |               |
| ,   |   |                            |                      |  | ge and belief.               |   |                           |               |
| ,   |   |                            | complete to the be   |  | ge and belief.               | DATE                                      | 08/18/2015                |               |
| I hereby certify SIGNATURE_   | that the informati  | ion above is true and      | complete to the bo   | est of my knowledg                       |                              |   |                           |               |
| I hereby certify  SIGNATURE  Type or print n  | that the information of the control |                            | complete to the bo   | est of my knowledg                       |                              |   | 08/18/2015<br>432-425-300 | <u></u>       |
| I hereby certify SIGNATURE_   | that the information of the control | ion above is true and      | complete to the bo   | est of my knowledg                       | oreitburn.com                | PHONE:                                    |                           |               |

