

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

Energy, Minerals and Natural Resources

Revised July 18, 2013

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

WELL API NO. 30-025-12482
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name NCT-F
8. Well Number #7
9. OGRID Number
10. Pool name or Wildcat

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 ☐

2. Name of Operator Targa Midstream Services

3. Address of Operator
8201 W Hwy 322 PO Box 67 Monument, N MEX 88265

4. Well Location
Unit Letter O 300 feet from the South line and 1650 feet from the East line
Section 36 Township 19S Range 36 E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK X	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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: UIC Test <input checked="" 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.

Performed UIC well Test to comply with R-13052 order. Chart of test submitted to OCD. Test performed On 10-4-2013. Well tested to 380' for 43 mins.

Spud Date:

Rig Release Date:

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

SIGNATURE Joe H Gray TITLE Operation Supervisor DATE 10-4-13

Type or print name Joe H Gray E-mail address: jgray@targaresources.com PHONE: 575-393-2823 ext 229

For State Use Only

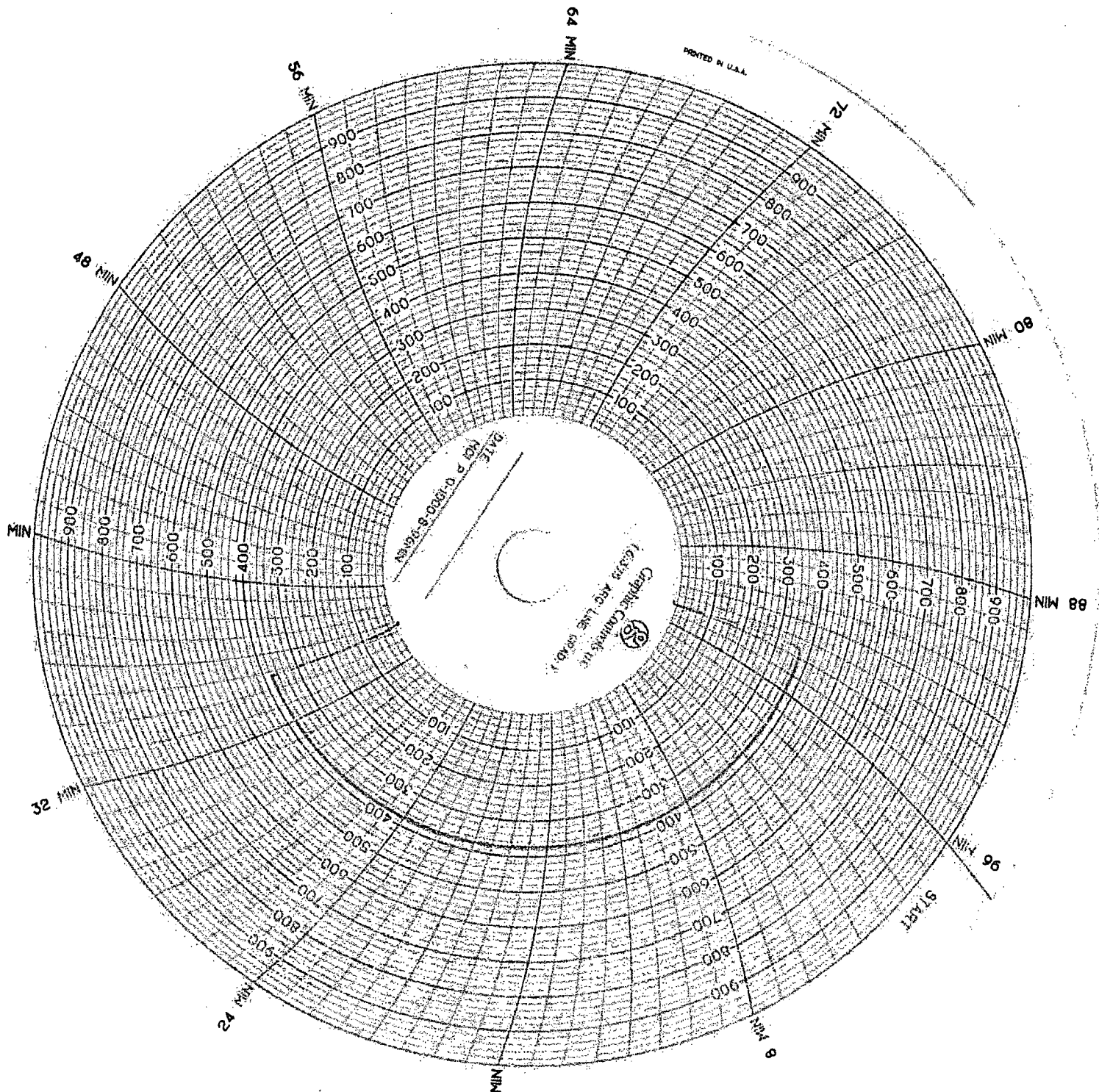
APPROVED BY: Bill Sananah TITLE Staff Manager DATE 9/25/15 conditions of Approval (if any):

~~SEP 28 2015~~

SEP 29 2015

jm

FOR RECORD ONLY



#5

Company <u>Targe</u>		Well No: <u>NOI-E #2</u>	
Lease: <u>Graham State</u>			
Date of Test: <u>10-7-13</u>			
Packer: make _____ model _____			
Tubing Pressure: 0 min <u>0</u>	15 min <u>0</u>	depth	
Casing Pressure: 0 min <u>480</u>	15 min <u>480</u>	30 min <u>0</u>	
Surf Csg Pressure: 0 min <u>0</u>	15 min <u>0</u>	30 min <u>480</u>	
1000 _____	15 min <u>0</u>	30 min <u>0</u>	
to spring _____	hr chart <u>96 min</u>	hr clock _____	
Service Company: <u>Basic</u>			
Driver/Supervisor: <u>#1202 Denver City, TX</u>			
Company Representative: _____			
RRC Required: <u>Y N</u>			
Witnessed by RRC: <u>Y N</u>			