

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OGD

OGD-HOBBS

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS **OCT 01 2015**
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

RECEIVED

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

5. Lease Serial No.
NMLC030132B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.
CITIES FEDERAL 002

9. API Well No.
30-025-28474

10. Field and Pool, or Exploratory
SEVEN RIVERS QUEEN

11. County or Parish, and State
LEA COUNTY COUNTY, NM

1. Type of Well
 Oil Well Gas Well Other: INJECTION

2. Name of Operator
OILFIELD WATER LOGISTICS Contact: KATY WELCH
E-Mail: KWelch@oilfieldwaterlogistics.com

3a. Address
200 NORTH LORAIN SUITE 206
MIDLAND, TX 79701

3b. Phone No. (include area code)
Ph: 432-234-0427

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 20 T22S R36E Mer NMP SWSW 660FSL 660FWL

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input checked="" type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Well Workover and MIT test performed by Jim Ward September 22nd thru September 26th. MIT test attached to this sundry. MIT test witnessed by Paul Swartz 9/25/2015

9/22/2015 - Mi Flow Back Equipment/Foam Unit/BOP/Workstring. Pulling unit broke down 7 miles from location. Will repair and finish roading in & rigging up in morning. SIW/SDFN.

9/23/2015 - Pull test rig anchors (replace two that failed.) MIRUPU - Globe WS. ND wellhead. NU BOP. Release packer & POH. GIH w/Sonic tool on 2-3/8" tbg work string. Tag fill @ 3,456'. NU stripper head & foam unit. SIW/SDFN.

9/24/2015 - Held Safety Meeting, Well on Vacuum. Began pumping foam (took 1 hr. to catch circulation.) Wash/clean fill from 3486' to PBDT @3882'. Circulated clean (2hrs.) RD Power

SUBJECT TO LIKE APPROVAL BY STATE

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #317822 verified by the BLM Well Information System For OILFIELD WATER LOGISTICS, sent to the Hobbs

Name (Printed/Typed) KATY WELCH Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission) Date 09/28/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____ Date _____

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office _____

ACCEPTED FOR RECORD

SEP 29 2015

Paul R Swartz

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

RECORD ON FILE
** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **

BS

OCT 18 2015

AM

Additional data for EC transaction #317822 that would not fit on the form

32. Additional remarks, continued

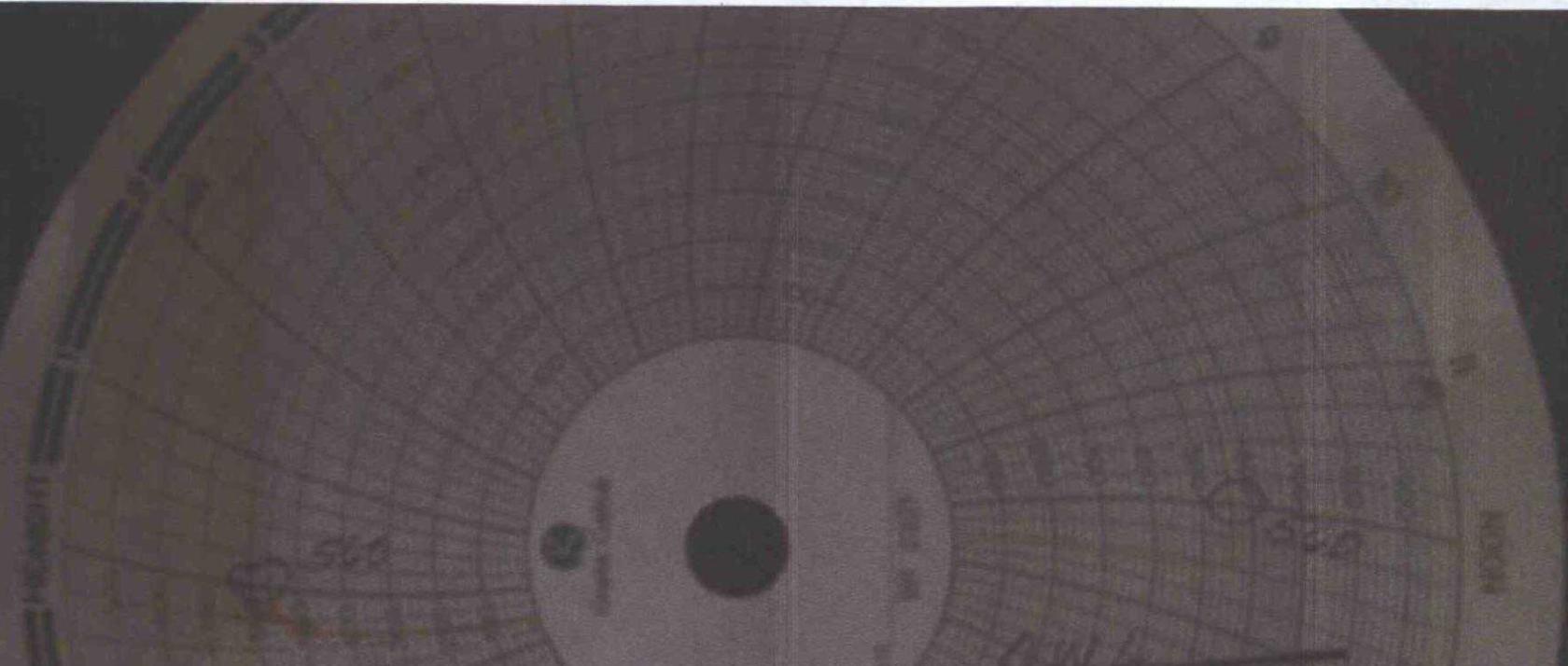
Swivel/Foam Unit. SD 1 hr due to lightning and heavy rain. POOH. LD Shock tools. RU Wireline. RIH w/ Dump Bailer & tag 3881' . Dump ct. POOH. SIW/SDFN.

9/25/2015 - RIH w/Wireline dump bailers & dump 75' CL C cmt. (6 runs.) RD WLU. WOC 4 hrs. RIH & Tag TOC @ 3802'. POOH & lay down workstring. RIH w/ 4" AD-1 IPC Packer, 18 Joints of 2 3/8 CS Hydrill IPC Tbg, 92 Joints of 2 3/8 BTC IPC tbg. ND BOP & Manifold. NU Wellhead. Pump 30 bbls pkr fluid (never circulated.) Set pkr @ 3441' (12k tension). Fill annulus & test to 550 psi - 30 min. OK. Clean up location and haul solids to disposal. Install flowlines. SIW/SDFN.

9/26/2015 - RDMOPU/Release & load out all equipment. Perform MIT 560 psi - 30 min. OK. Witnessed/approved by BLM-Paul Swartz. Clean up location. SIW until Sundry notice filed and BLM okay injection.

FINAL REPORT.

Cement PBTD of 3882 to 3802 should insure disposal into Seven Rivers perforations only and restrict or prevent disposal fluids entering the Capitan Reef. 09/28/2015 PRL



Unit Name: 2 Operator: [Signature]
 APT #: 30020 20075 3455-8348 500
 Lot #: 20010214
 Date of Recorder Calibration: 03/10/05 Recorder serial #: [Signature]
 Testing Co: Alaska Tester: [Signature]
 Date of Mechanical Integrity Test: 9/10/05
 Operator Witness: [Signature]
 Tester Witness: [Signature]

Surface Csg. vent open during test - AD blew on-suck
 Hd 9 S