

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 August 1, 2011

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

WELL API NO. <b>30-025-12038-0000</b> ✓
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 <b>W H Rhodes A Federal</b> ✓
8. Well Number <b>006</b> ✓
9. OGRID Number <b>288774</b>
10. Pool name or Wildcat <b>Rhodes; Yates-Seven Rivers (Oil)</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

**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 Injection **HOBBS OCD**

2. Name of Operator **PPC Operating Company LLC** ✓ **AUG 25 2015**

3. Address of Operator  
**1500 Industrial Blvd, Ste 102; Abilene, TX 79602**

4. Well Location  
 Unit Letter **L** : **1980** feet from the **South** line and **660** feet from the **West** line  
 Section **22** Township **26S** Range **37E** NMPM County **Lea** ✓

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

<b>NOTICE OF INTENTION TO:</b> 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"/>		<b>SUBSEQUENT REPORT OF:</b> 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: <input type="checkbox"/>		OTHER: MIT Test Report <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.

Well was pressure tested 07/09/2015.

*Failed MIT*

Spud Date: **03/04/1943**

Rig Release Date: **03/30/1943**

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

SIGNATURE *Jana Spraberry* TITLE Office Administrator DATE 08/21/2015  
 Type or print name Jana Spraberry E-mail address: jspraberry@plantationpetro.com PHONE: 325-267-6046

**For State Use Only**

APPROVED BY: *Bill Snamal* TITLE Staff Manager DATE 9/25/15  
 Conditions of Approval (if any):

**OCT 13 2015**

  
GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

7/9/15

BR 2221

PPC  
WH Rhodes Fed A  
#1  
30-005-12038



