

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

WELL API NO. <b>30-025-01298</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>B2229</b>
7. Lease Name or Unit Agreement Name Malmar
8. Well Number <b>416</b>
9. OGRID Number <b>309220</b>
10. Pool name or Wildcat Maljamar - Grayburg San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>4208' GL</b>

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 - **Inj**

2. Name of Operator  
**SOGO III LLC**

3. Address of Operator  
**P.O. Box 210, Midland, TX 79702**

4. Well Location  
Unit Letter **P** : **660** feet from the **S** line and **660** feet from the **E** line  
Section **7** Township **17S** Range **33E** NMPM County **lea**

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: **MIT-TEST** ☒

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.

**MIT**

Ran Bradenhead test 9/21/15. Attached is the Bradenhead Test Report.

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 Tammy Kennedy TITLE: Regulatory Administrator DATE: 10/01/2015

Type or print name Tammy Kennedy E-mail address: tkennedy@stanolind.com PHONE: 432-640-0033

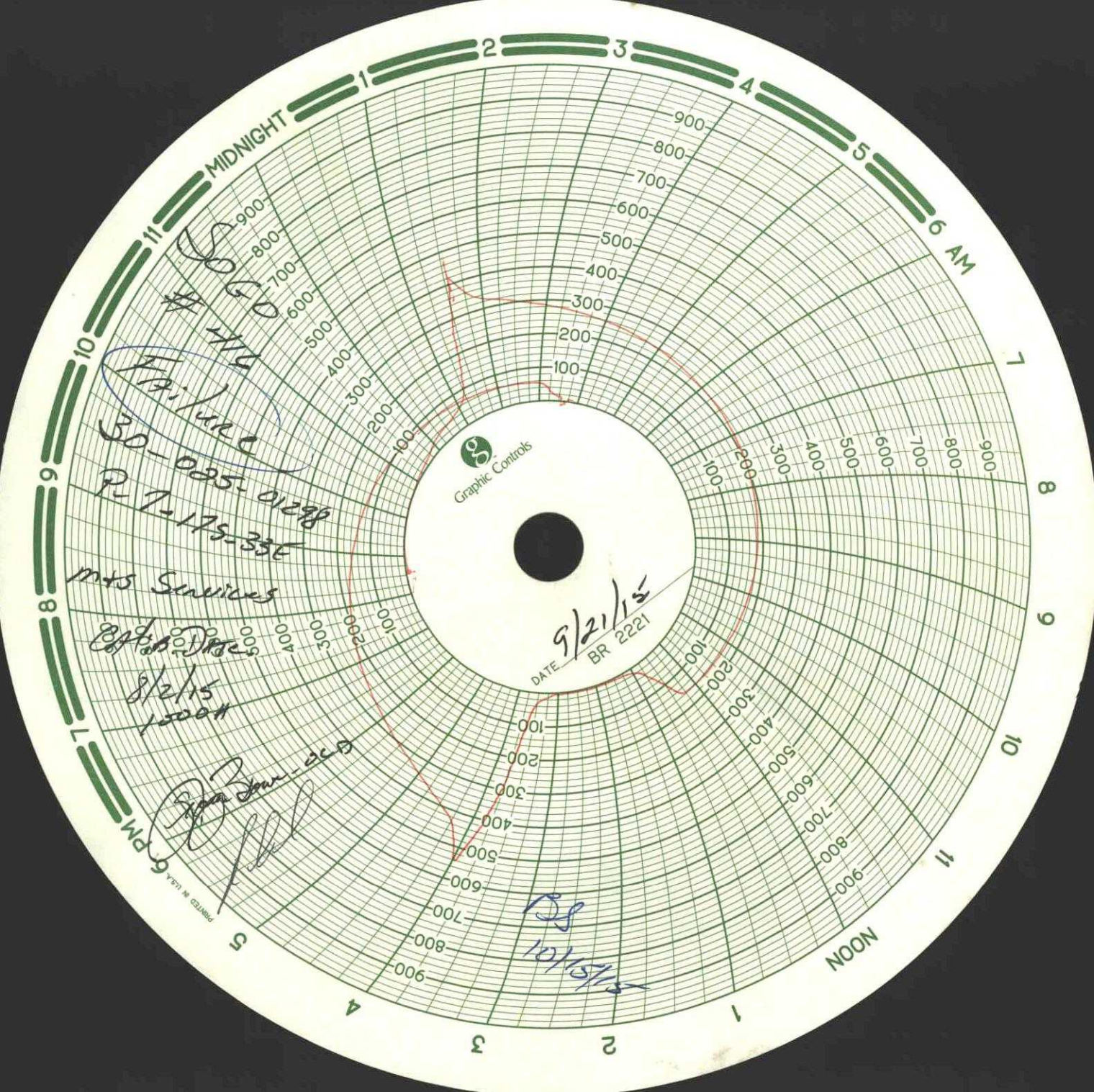
For State Use Only

APPROVED BY: Bef Sernamah TITLE Staff Manager DATE 10/15/15

Conditions of Approval (if any):

OCT 16 2015





#8  
#9  
#10  
#11

30-085-01298  
P-7-175-336

mts Services

8/2/15

1500H

8/2/15

6 PM

BS  
10/15/15