

HO

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

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

Form C-103
 Revised July 18, 2013

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injection		WELL API NO. 30-025-12038
2. Name of Operator PPC OPERATING COMPANY LLC		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 1500 INDUSTRIAL BLVD., STE. 304; ABILENE, TX 79602		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>L</u> : 1980 feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line Section <u>22</u> Township <u>26S</u> Range <u>37E</u> NMPM County <u>LEA</u>		7. Lease Name or Unit Agreement Name W H Rhodes A Federal
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2987 DF		8. Well Number 006
		9. OGRID Number 288774
		10. Pool name or Wildcat RHODES; YATES-SEVEN RIVERS

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	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: <input type="checkbox"/>		OTHER: MIT TESTING <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.

An MIT TEST WAS PERFORMED ON 03/16/2016 & WITNESSED BY CARL FLOWERS. TEST REPORT & CHART ATTACHED.

Spud Date:

04/25/1945

Rig Release Date:

05/15/1945

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

CF

SIGNATURE Jana Spraberry TITLE OFFICE ADMINISTRATOR DATE 03/21/2016

Type or print name JANA SPRABERRY E-mail address: jspraberry@plantationpetro.com PHONE: 325-267-6050

For State Use Only

APPROVED BY: Bel Samanah TITLE Staff Manager DATE 4/1/16

Conditions of Approval (if any):

06
 APR 21 2016

MAY 12 2016

HOBBS CGD
MAR 31 2016
RECEIVED

