

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

WELL API NO. 30-025-33547	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. 28411	
7. Lease Name or Unit Agreement Name State S	
8. Well Number 001	
9. OGRID Number 19797	
10. Pool name or Wildcat BSW; SALAD	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL Elevation 3458	

**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  **BRINE**

2. Name of Operator  
Key Energy Services, LLC.

3. Address of Operator  
1301 McKinney St., Ste. 1800, Houston, TX. 77010

4. Well Location  
 Unit Letter **E** : 1340 feet from the **North** line and 330 feet from the **West** line  
 Section **15** Township **21S** Range **37E** NMPM County **Lea**

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 checked="" 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: Casing MIT <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.

OCD requested formation test, Key began to pressure up cavern on or about November 28, of 2016. Pressure would not exceed 280 psi on casing. 12/2 OCD Fortner indicated cavern lost pressure overnight 280 psi to 240 psi. Failed Test. 12/15/16 OCD orders well to be shut-in and a Casing MIT test to be run. 12/19 Key rigs up to run Casing MIT. OCD requires packer to be set within 50' of shoe. Key encountered downhole issues, had to RUPW and drill out. Passed test on 12/27 520 psg on chart. Chart attached. Key has typical issues re-entering an older well and completed on 12/29/16 with tubing and bit set at approximately 1649'. Put well back on production.

Attachments: Workover log, pressure test chart and OCD communication.

Spud Date: 12/19/16 Rig Release Date: 12/29/16

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

SIGNATURE \_\_\_\_\_ TITLE **VP QHSE** DATE \_\_\_\_\_

Type or print name \_\_\_\_\_ E-mail address: **khouston@keyenergy.com** PHONE: \_\_\_\_\_

APPROVED BY: **Maley Brown** TITLE **AO/II** DATE **4/4/2017**

Conditions of Approval (if any):

MB



