Submit 1 Copy To Appropriate District Office District I - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District III - (575) 748-1283 811 S. First St., Artesia, NM 88240 District IV - (505) 334-6178 1000 Rio Brazos Rd., Azie, NM 87410 District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 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 Well 2. Name of Operator Breitburn Operating LP 3. Address of Operator 1111Bagby Street, Suite 1600 Houston, TX 77002 4. Well Location	Form C-103 Revised July 18, 2013 WELL API NO. 30-025-08658 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name Cone Jalmat Yates Pool Unit 8. Well Number 804 9. OGRID Number 370080 10. Pool name or Wildcat Jalmat Tan-Yates-7 Rvrs
*Unit Letter: K 1980 feet from the South line and 1980 feet from the West line	
Section 25 Township 22S Range 35E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3571' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM	K ☐ ALTERING CASING ☐ LLING OPNS.☐ P AND A ☐
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.	
Mechanical Integrity Test was performed 08/23/2017	
See attached chart	
Spud Date: 01/01/1957 Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE: Agent DATE: 09/05/2017 Type or print name Shelly Doescher E-mail address: shelly doescher@yahoo.com PHONE: 505-320-5682 For State Use Only APPROVED BY: Some TITLE anglitude Title DATE 9/12/17 Conditions of Approval (if any):	

