

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

BMOCD
 FEB 15 2018
 RECEIVED

<p style="text-align: center;">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.)</p> <p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other: Acid Gas Injection <input checked="" type="checkbox"/></p> <p>2. Name of Operator DCP MIDSTREAM LP</p> <p>3. Address of Operator 370 17TH STREET, SUITE 2500, DENVER CO 80202</p> <p>4. Well Location Unit Letter <u> K </u> : <u> 1600 </u> feet from the <u> SOUTH </u> line and <u> 1750 </u> feet from the <u> WEST </u> line Section <u> 30 </u> Township <u> 18S </u> Range <u> 37E </u> NMPM County <u> LEA </u></p>	<p>WELL API NO. 30-025-42139</p> <p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil & Gas Lease No. V07530-0001</p> <p>7. Lease Name or Unit Agreement Name LINAM AGI</p> <p>8. Well Number #2</p> <p>9. OGRID Number 36785</p> <p>10. Pool name or Wildcat AGI: Wolfcamp</p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3736 GR</p>
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p style="text-align: center;">NOTICE OF INTENTION TO:</p> <p>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"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/></p>	<p style="text-align: center;">SUBSEQUENT REPORT OF:</p> <p>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 checked="" type="checkbox"/> CONDUCT MIT TEST</p>
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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.

The MIT was conducted on Thursday, February 15 2018 at 08:07 am. To conduct the MIT, the annular space pressure was adjusted to 590 psig by adding a small amount of diesel immediately before the test. The step-by-step MIT process was as follows:

1. Initially the starting annular space pressure between the casing and injection tubing was 289 psig.
2. Placed the chart on annular space and began recording annular space pressure.
3. Bled-off annular fluid (diesel) to bring the observed annular space pressure to zero psig.
4. Slowly raised annular pressure by introducing diesel to the annulus to bring pressure to 590 psig.
5. When annulus pressure reached 590 psig closed valves to pumping truck and recorded annular space pressure for one-half hour.
6. After 32 minutes the annulus pressure was 565 psig.
7. Bled-off annular fluid to reduce observed pressure to zero psig.
8. Stop recording.
9. Restored annular pressure to normal operating pressures (320 psig).

Geolex, Inc. and Maclaskey Oilfield Services conducted the test. The Bradenhead and upper and lower intermediate casings were also tested and results recorded on the BMOCD Bradenhead Test Report.

Spud Date: October 7, 2014 Rig Release Date: December 12, 2014

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

SIGNATURE _____ TITLE: CONSULTANT TO DCP MIDSTREAM LP DATE: 2/15/18

Type or print name JARED R. SMITH E-mail address: jsmith@geolex.com PHONE: 505-842-8000

For State Use Only

APPROVED BY: Kenny Fortner TITLE Compliance Officer DATE 2-15-18
 Conditions of Approval (if any): _____