

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  
HOBBS OGD  
OIL CONSERVATION DIVISION  
20 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.)		WELL API NO. 30-02504016
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Rhombus Operating Co., Ltd.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 627, Littleton, CO 80160-0627		7. Lease Name or Unit Agreement Name Northwest Eumont Unit
4. Well Location Unit Letter L : 1987 feet from the South line and 660 feet from the West line Section 14 Township 19S Range 36E NMPM County Lea		8. Well Number #112
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 19111
		10. Pool name or Wildcat Eumont Yates TRVRS-Q

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: TA extension <input checked="" type="checkbox"/>		OTHER: TA EXTENSION <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.

3/5/18 MIRU pump truck & chart recorder. Pressure up casing and held. See attached chart for details. RDMO pump truck.

This Approval of Temporary  
Abandonment Expires 3/5/2019

Spud Date:

Rig Release Date:

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

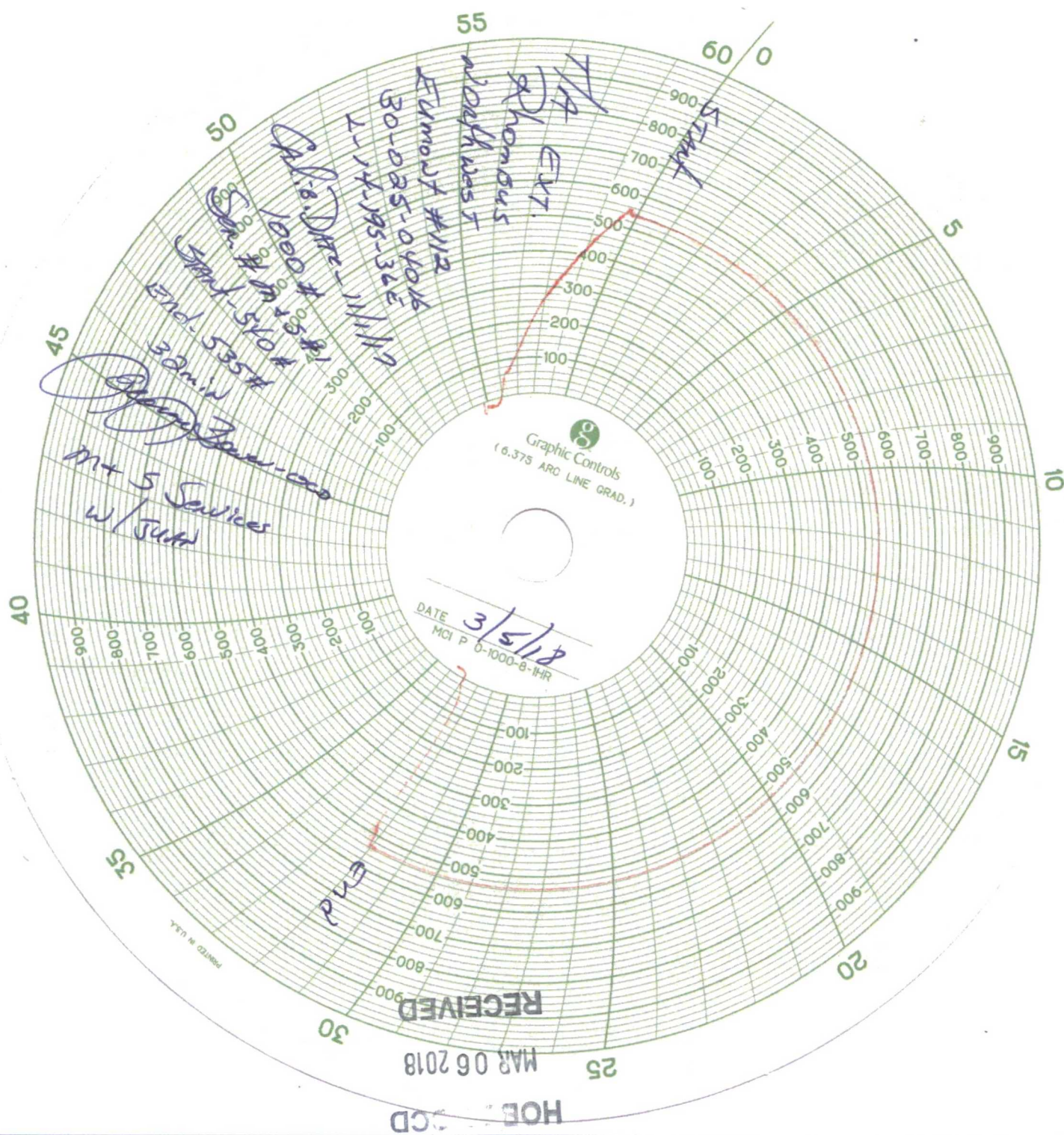
SIGNATURE Cindy Gray TITLE Office Manager DATE 3/5/18  
Type or print name \_\_\_\_\_ E-mail address: \_\_\_\_\_ PHONE: \_\_\_\_\_

For State Use Only

APPROVED BY: Marky Brown TITLE AO/II DATE 3/6/2018  
Conditions of Approval (if any): \_\_\_\_\_

MB





HOB  
CD

MAR 06 2018

RECEIVED

PRINTED IN U.S.A.

Graphic Controls  
(6.375 ARC LINE GRAD.)

DATE 3/5/18  
MCI P 0-1000-8-IHR

m + 5 Services  
w/ 54th

Ch. 8. DFE  
1000 #13  
1000 #14  
Start - 535 #  
End - 535 #  
32 min

1/4 E.T. Thomas  
Estimate #112  
30-025-04016  
2-14-195-36E

1/4 E.T. Thomas

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <i>Thomson</i>		API Number <i>30-025-04016</i>	
Property Name <i>Northwest Eumont</i>		Well No. <i>112</i>	

Surface Location									
UL - Lot <i>2</i>	Section <i>14</i>	Township <i>19S</i>	Range <i>36E</i>		Feet from <i>1987</i>	N/S Line <i>5</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>Lea</i>

Well Status									
TA'D WELL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SHUT-IN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		INJECTOR <input type="checkbox"/> INJ <input type="checkbox"/> SWD		PRODUCER <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS		DATE <i>3/5/18</i>	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	$\phi$	—	—	$\phi$	$\phi$
Flow Characteristics					
Puff	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	CO2 —
Steady Flow	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	WTR —
Surges	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	GAS —
Down to nothing	<i>N</i> / N	Y / N	Y / N	<i>N</i> / N	Type of Fluid
Gas or Oil	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	Injected for
Water	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	Waterflood if
					applies

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

*T/A Test*

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date: <i>3/5/18</i>	Phone:		
Witness: <i>[Signature]</i>			

INSTRUCTIONS ON BACK OF THIS FORM