

Submit 1 Copy To Appropriate District  
 Office  
 District I  
 1625 N. French Dr., Hobbs, NM 88240  
 District II  
 1301 W. Grand Ave., Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 1220 S. St. Francis Dr., Santa Fe, NM  
 87505

State of New Mexico  
 Energy, Minerals and Natural Resources  
**HOBBS**  
**MAR 19 2018**  
**RECEIVED**  
 OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 October 13, 2009

WELL API NO. 30-025-26954
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Bobbi State Waterflood Unit
8. Well Number 3
9. OGRID Number 232611
10. Pool name or Wildcat Arkansas Junction; San Andres, West

**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 TA'd

2. Name of Operator  
SUNDOWN ENERGY LP

3. Address of Operator  
16400 Dallas Parkway, Ste 100, DALLAS, TX 75248

4. Well Location  
 Unit Letter N : 330 feet from the SOUTH line and 2310 feet from the WEST line  
 Section 20 Township 18S Range 36E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3835' GR

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

<p><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>	<p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER TA Status Extension <input checked="" type="checkbox"/></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.

MIT performed on 3/12/18 with Gary Robinson, OCD, witnessing. Begin press: 600 psi. End press: 580 psi.  
 Attached: MIT chart & Bradenhead test report

This Approval of Temporary Abandonment Expires 3/12/2019

**R-13731**

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

SIGNATURE Belinda Bradley TITLE Admin, Asst DATE 3/16/2018  
 Type or print name Belinda Bradley E-mail address bbradley@sundownenergy.com PHONE: 432-943-8770

**For State Use Only**  
 APPROVED BY: Maley Brown TITLE AO/II DATE 3/20/2018  
 Conditions of Approval (if any)

RRDMS-CHART - ✓

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

BRADENHEAD TEST REPORT

Operator Name <i>Sundown Energy</i>	API Number <i>30-025-26954</i>
Property Name <i>Bobbi</i>	Well No. <i>#3</i>

Surface Location									
UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County	
<i>N</i>	<i>20</i>	<i>18s</i>	<i>36E</i>	<i>330</i>	<i>S</i>	<i>2310</i>	<i>W</i>	<i>LEA</i>	

Well Status									
TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE					
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	<input checked="" type="checkbox"/> OIL	<input type="checkbox"/> GAS	<i>3-12-18</i>	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>N/A</i>
Flow Characteristics					
Pull	Y / N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	CO2 ___
Steady Flow	Y / N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	WTR ___
Surges	Y / N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	GAS ___
Down to nothing	Y / N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	Injected for
Water	Y / N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	Waterflow if applies

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

*OPERATOR COPY*

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date:	Phone:
Witness: <i>Gary Robinson</i>	

*575-399-3220*

INSTRUCTIONS ON BACK OF THIS FORM

