

# HOBBS OCD

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 District II - (575) 748-1283  
 District III - (505) 334-6178  
 District IV - (505) 476-3460

MAY 07 2018

RECEIVED

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

WELL API NO.	30-025-28224
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	PEARL STATE
8. Well Number	2
9. OGRID Number	310761
10. Pool name or Wildcat	SWD's SCARB SOUTHEAST (WOLFCAMP)
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3,830' RKB

**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 SWD

2. Name of Operator  
OASIS WATER SOLUTIONS, LLC

3. Address of Operator  
P.O. BOX 36 MONUMENT, NM 88265

4. Well Location  
 Unit Letter J : 1,980 feet from the SOUTH line and 1,980 feet from the EAST line  
 Section 10 Township 19S Range 35E NMPM County LEA

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: <input 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.

PULLED 3-1/2" INJECTION TUBING & PACKER DUE TO HOLE IN TUBING. RELINED / REPAIRED 3-1/2" TUBING & RE-RAN. FOUND ISSUES WITH 3-1/2" REPAIRED FIBERGLASS LINING & PIPE REPAIRS. PURCHASED A NEW STRING OF 2-7/8", 6.5 PPF, L-80, 8rd EUE TUBING AND HAD LINED BY NOV TUBOSCOPE WITH TK-FG LINER. RIH W/REDRESSED AS-1X 5-1/2" X 2-7/8" NP PACKER W/ON/OFF TOOL & 1.87" PROFILE + 323 JTS 2-7/8", 6.5 PPF, L-80, 8rd EUE NEW TUBING W/NOV TK FG LINER. SET PACKER @ 10,463' KB. LOAD ANNULUS W/PACKER FLUID. NU WH & TEST ANNULUS TO 550 PSI, OK. RD WSU.

WSU: 08/01/2017 Rig Release Date: 04/30/2018

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

SIGNATURE  TITLE CONSULTANT DATE 05/04/2018

Type or print name MICHAEL STEWART E-mail address: MSTEWART@HELMISOIL.COM PHONE: (432) 682-1122

For State Use Only  
 APPROVED BY:  TITLE AO/II DATE 5/7/2018  
 Conditions of Approval (if any):

MS