

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  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised July 18, 2013

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	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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> 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
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,830' RKB

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"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <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 [Signature] TITLE CONSULTANT DATE 05/04/2018

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

For State Use Only

APPROVED BY: [Signature] TITLE AO/II DATE 5/9/2018

Conditions of Approval (if any):