

MAY 09 2018

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

WELL API NO. 30-025-28244 28224 7-7
5. Indicate Type of Lease STATE [X] FEE []
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.) 3830 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 [X] 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 : 1980 feet from the South line and 1980 feet from the East line
Section 10 Township 19S Range 35E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3830 RKB

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK [] PLUG AND ABANDON []
TEMPORARILY ABANDON [] CHANGE PLANS []
PULL OR ALTER CASING [] MULTIPLE COMPL []
DOWNHOLE COMMINGLE []
CLOSED-LOOP SYSTEM []
OTHER: []

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPNS. [] P AND A []
CASING/CEMENT JOB []
OTHER: Post Workover MIT [X]

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.
5/9/18 MIRU McClaskey pump truck on 5-1/2" x 2-7/8" annulus with chart recorder. Chart attached.
Pressure up on annulus to 560 psi. Hold and chart pressure for 32 mins with no gain or drop.
Test witnessed by Mr. Kerry Fortner w/ NMOCD.
Bradenhead test also performed & attached.
Well is ready to return to injection following replacement of faulty 3-1/2" refurbished tubing with a new string of 2-7/8", 6.5 ppf, L-80, 8rd EUE NOV Tuboscope Figerglass TK lined tubing set in a 5-1/2" x 2-7/8" Arrowset IX NP packer w/ on/off tool & 1.87" profile nipple @ 10,468'

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 [Signature] TITLE Agent - HeLMS Oil & Gas DATE 5/10/18

Type or print name Michael Stewart E-mail address: mstewart@helmsoil.com PHONE:(432) 682-1122

For State Use Only

APPROVED BY: Kerry Fort TITLE Compliance Officer DATE 5-15-18
Conditions of Approval (if any):

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

HOBBS OCD

MAY 09 2018

BRADENHEAD TEST REPORT

| | |
|--|-----------------------------------|
| Operator Name Oasis Water Solutions, LLC | API Number 30-025-28224 |
| Property Name Pearl STATE | Well No. 002 |

Surface Location

| | | | | | | | | |
|----------------------|----------------------|-------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot J | Section 10 | Township 19-S | Range 35-E | Feet from 1980 | N/S Line S | Feet From 1980 | E/W Line E | County Lea |
|----------------------|----------------------|-------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

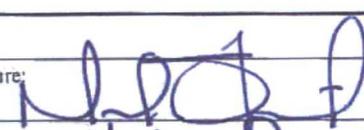
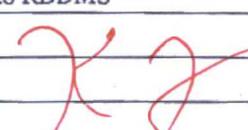
| | | | | |
|--|--|---|---|-----------------------|
| TA'D WELL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | SHUT-IN YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | INJECTOR INJ <input type="checkbox"/> 8WD <input checked="" type="checkbox"/> | PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/> | DATE 5-9-18 |
|--|--|---|---|-----------------------|

OBSERVED DATA

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod C/sng | (E)Tubing |
|----------------------|------------|--------------|--------------|---------------|---|
| Pressure | 0 | 0 | ← | 0 | 0 |
| Flow Characteristics | | | | | NOT IWS |
| Puff | Y/N | Y/N | Y/N | Y/N | CO2 <input type="checkbox"/> |
| Steady Flow | Y/N | Y/N | Y/N | Y/N | WTR <input checked="" type="checkbox"/> |
| Surges | Y/N | Y/N | Y/N | Y/N | GAS <input type="checkbox"/> |
| Down to nothing | Y/N | Y/N | Y/N | Y/N | Type of Fluid |
| Gas or Oil | Y/N | Y/N | Y/N | Y/N | Injected for |
| Water | Y/N | Y/N | Y/N | Y/N | 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.

POST Workover
 David maccliskey Ser # 95001
 PKR @ 10,468 cal 2-23-18

| | |
|--|---|
| Signature:  | OIL CONSERVATION DIVISION |
| Printed name: MICHAEL STEWART | Entered into RBDMS |
| Title: AGENT - HELM OIL & GAS, LLC | Re-test  |
| E-mail Address: mstewart@helmoil.com | |
| Date: 5-9-18 | Phone: |
| Witness: Kerry Fortner - OCD | |

399-3221

INSTRUCTIONS ON BACK OF THIS FORM

