

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

**HOBBS OCD  
 MAY 07 2018  
 RECEIVED**

WELL API NO. 30-025-43501	<i>Federal</i>	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>		
6. State Oil & Gas Lease No.		
7. Lease Name or Unit Agreement Name Maljamar 27 Federal SWD		
8. Well Number 3		
9. OGRID Number 229137		
10. Pool name or Wildcat SWD; Wolfcamp		
4. Well Location Unit Letter <u>N</u> : <u>225</u> feet from the <u>South</u> line and <u>2185</u> feet from the <u>West</u> line Section <u>27</u> Township <u>17S</u> Range <u>32E</u> NMPM County <u>Lea</u>		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		

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 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: MIT <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.

4/24/2018 MIRU STONE PUMP TRUCK, PJSM,JSA, PRESSURE UP ON CSG TO 500 PSI, RECORD ON CHART RECORDER FOR 30 MINUTES, BLED OFF PRESSURE, WITNESSED BY GEORGE WITH OCD, TOTSWD

ENCLOSED: ORIGINAL BRADENHEAD TEST REPORT  
 COPY OF CHART

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 *Dana King* TITLE Permit Specialist II DATE 5/03/2018

Type or print name Dana King E-mail address: dking@concho.com PHONE: (432) 818-2267

**For State Use Only**  
 APPROVED BY: *Kerry Fortner* 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

BRADENHEAD TEST REPORT

Operator Name <b>COG</b>	API Number <b>30-025-43501</b>
Property Name <b>MAJAMAR 27 FED</b>	Well No. <b>3</b>

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>N</b>	<b>27</b>	<b>17S</b>	<b>32E</b>	<b>225</b>	<b>S</b>	<b>2185</b>	<b>W</b>	<b>2CA</b>

Well Status

TA'D WELL YES	<input checked="" type="radio"/> NO	YES	SHUT-IN <input checked="" type="radio"/> NO	INJ	INJECTOR <input checked="" type="radio"/> SWD	OIL	PRODUCER GAS	DATE <b>4/24/18</b>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csgng	(E)Tubing
Pressure	<b>0</b>	<b>0</b>	<b>—</b>	<b>0</b>	<b>0</b>
Flow Characteristics					
Pull	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	CO2 <input type="checkbox"/>
Steady Flow	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	WTR <input type="checkbox"/>
Surges	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	GAS <input type="checkbox"/>
Down to nothing	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Type of Fluid
Gas or Oil	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Injected for
Water	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	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 WORK OVER**

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	<b>777</b>
Date: <b>4/24/18</b>	Phone:
Witness: <b>[Signature]</b>	