

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
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.) 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 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

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Post Workover MIT <input checked="" type="checkbox"/>	
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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.

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: [Signature] TITLE AO/II DATE 5/15/2018
 Conditions of Approval (if any):

RBDMS - CHART - ✓

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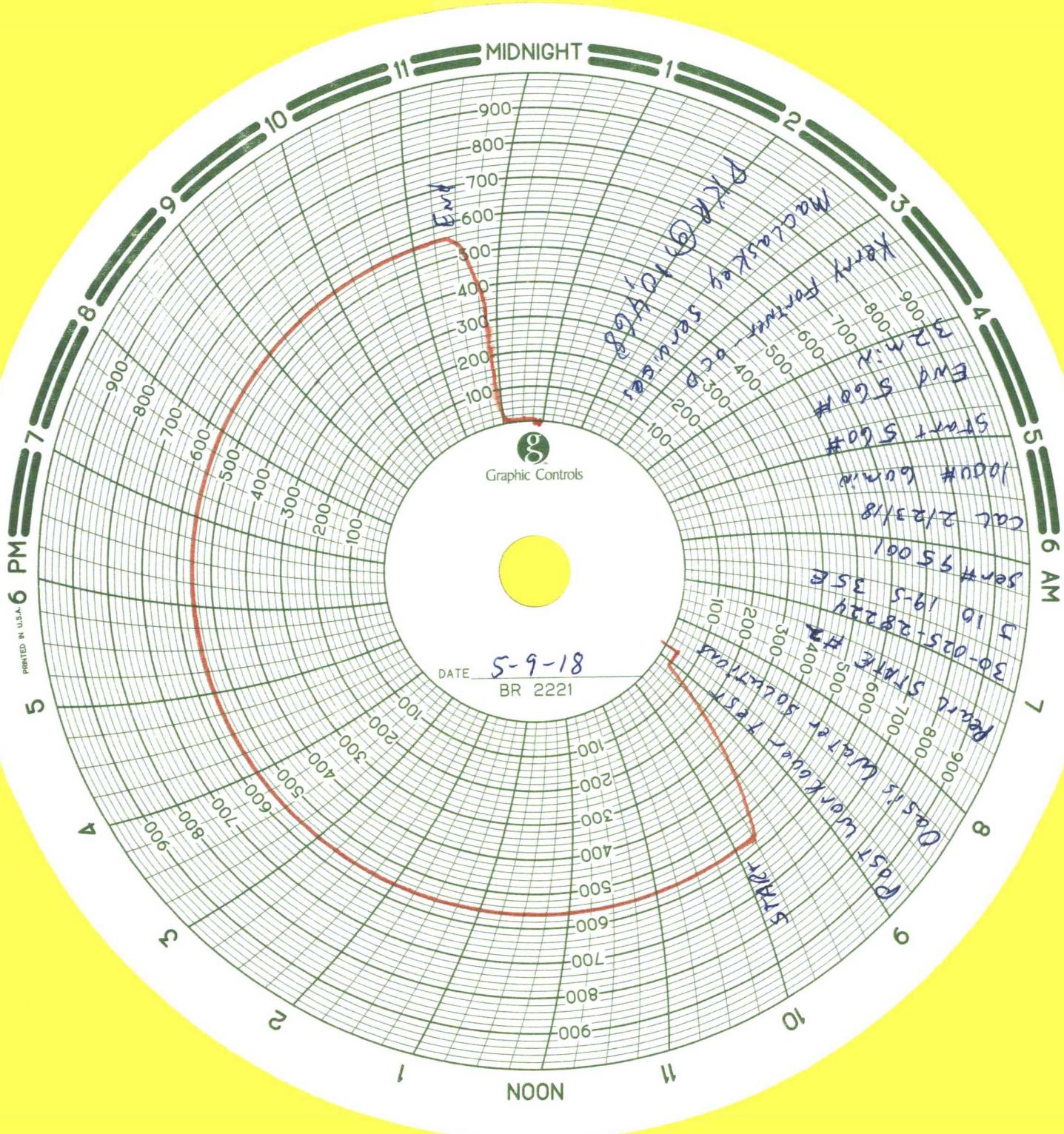
MIDNIGHT

Graphic Controls

DATE 8-9-18
BR 2221

NOON

6 AM



End

START

DTR @ 10:45

MacLasky

Kent Fortney

START 5:00#

1000# 6am

CAL 2/23/18

Sent 9 5 001

5 10 19-5 35E

30-025-28224

Pearl STATE H4100

Past Worklog Test

Oasis Water Solutions

30-025-28224

5 10 19-5 35E

Sent 9 5 001

CAL 2/23/18

1000# 6am

START 5:00#

END 5:00#

M.S. # 100

M.S. # 100

M.S. # 100

Kent Fortney

MacLasky

DTR @ 10:45

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

BRADENHEAD TEST REPORT

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

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
5	10	19-S	35-E	1980	S	1980	E	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
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csing	(E)Tubing
Pressure	0	0	*	0	0
Flow Characteristics					NOT IWS
Puff	Y/ <input checked="" type="checkbox"/>	Y/ <input checked="" type="checkbox"/>	Y/N	Y/N	CO2 <input type="checkbox"/>
Steady Flow	Y/ <input checked="" type="checkbox"/>	Y/ <input checked="" type="checkbox"/>	Y/N	Y/N	WTR <input checked="" type="checkbox"/>
Surges	Y/ <input checked="" type="checkbox"/>	Y/ <input checked="" type="checkbox"/>	Y/N	Y/N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="checkbox"/> /N	<input checked="" type="checkbox"/> /N	Y/N	Y/N	Type of Fluid
Gas or Oil	Y/ <input checked="" type="checkbox"/>	Y/ <input checked="" type="checkbox"/>	Y/N	Y/N	Injected for
Water	Y/ <input checked="" type="checkbox"/>	Y/ <input checked="" type="checkbox"/>	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: AGGR. HELMS OIL & GAS, LLC	Re-test
E-mail Address: mstewart@helmsoil.com	
Date: 5-9-18	Phone:
Witness: Kerry Fortner - OCD	

399-3221

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MIDNIGHT

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100



Graphic Controls

DATE

81-6-5

BR 2221

NOON

11

10

9

8

7

6 AM

5

4

3

2

1

DATA @ 10:45 AM

MacLasky Ser. # 1000

Kerry Portner PC # 1000

END 5:00 #

START 5:00 #

1000 # 6000

CAL 2/23/18

SENT 9:50 AM

5 10 19-5 35E

30-025-28224

PEARL STATE # 4400

PAST WORKER TEST

Basils Water Solutions

START

900

800

700

600

500

400

300

200

100

900

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