

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

HOBBS, NM  
 JUL 20 2018  
 RECEIVED

Form C-103  
 Revised July 18, 2013

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.)		WELL API NO. 30-025-38822
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other: Acid Gas Injection <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Energy Transfer		6. State Oil & Gas Lease No.
3. Address of Operator 8111 Westchester Drive, Suite 600, Dallas, Texas 75225		7. Lease Name or Unit Agreement Name Jal 3 AGI
4. Well Location Unit Letter <u>E</u> : <u>1550</u> feet from the <u>North</u> line and <u>1000</u> feet from the <u>West</u> line Section <u>33</u> Township <u>24S</u> Range <u>37E</u> NMPM _____ County _____ Lea _____		8. Well Number #1 _____
11. Elevation (Show whether DR, RKB, RT, GR, etc.): 3268 GR		9. OGRID Number 371183 _____
10. Pool name or Wildcat AGI _____		10. Pool name or Wildcat AGI _____

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

<b>NOTICE OF INTENTION TO:</b> 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"/>		<b>SUBSEQUENT REPORT OF:</b> 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: (Mechanical Integrity Test) <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.

The MIT was conducted after providing notice to NMOCD on Thursday, July 19, 2018 at 10:45 am (MT). Kerry Fortner and George Bower (NMOCD) was on site to witness and approve the test. Below is a step-by-step summary of the MIT and observed results:

- The annular space pressure between casing and tubing was 0 psig at the casing valve prior to the start of the MIT.
- The annular space pressure was opened to a brine pump truck and a chart recorder was installed.
- The calibrated pressure chart began recording the annular space pressure at 10:54 am.
- At 10:56 am the pressure was slowly increased by pumping brine from the truck to achieve a pressure of 620 psig.
- When annulus space pressure reached 620 psig the valve to the pump truck was closed. The MIT began at 10:58 am.
- The chart recorded the annular space pressure for 32 minutes.
- At 11:30 am the annulus pressure was still 620 psig, (no change).
- The brine was bled from the annulus to reduce the pressure to 0 psig and the chart recording was stopped.
- Prior to disconnection from the truck, the annular pressure was increased to 300 psig for normal operations.

In addition to the MIT, a Bradenhead test was conducted by the NMOCD by monitoring and recording the pressure of the intermediate casing, via a gauge in the cellar. It remained unchanged during the MIT.

Please see the attached MIT pressure chart (approved by the NMOCD), calibration information, and Bradenhead test documentation.

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

SIGNATURE Dale Littlejohn TITLE Consultant to Energy Transfer DATE 07/19/2018  
 Type or print name Dale Littlejohn E-mail address: dale@geolex.com PHONE: (505) 842-8000

**For State Use Only**

APPROVED BY: [Signature] TITLE Compliance Officer Supervisor DATE 7/20/18  
 Conditions of Approval (if any):



District I  
 1625 N. French Dr., Hobbs, NM 88240  
 Phone: (575) 393-6161 Fax: (575) 393-0720

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 Energy, Minerals and Natural Resources Department  
 Oil Conservation Division Hobbs District Office

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BRADENHEAD TEST REPORT

Operator Name - ETC Field Services		API Number 30-025-38822
Property Name - JAL 3 AGI		Well No. 1

Surface Location									
UL Lot E	Section 33	Township 24S	Range 37E	Feet from 1450 390	N/S Line EN	Feet from 1000 1550	E/W Line W 8MB	County LEA	

Well Status					DATE 7/19/18
TA'D Well YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR INJ <input type="radio"/> SWD <input checked="" type="radio"/>	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>		

OBSERVED DATA

	(A) Surf-Interm	(B) Interm (1)	(C) Interm (2)	(D) Prod Casing	(E) Tubing
Pressure	0	—	—	0	481
<b>Flow Characteristics</b>					
Puff	Y/N	Y/N	Y/N	Y/N	CO2 _____
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR _____
Surges	Y/N	Y/N	Y/N	Y/N	GAS _____
Down to nothing	Y/N	Y/N	Y/N	Y/N	If applicable type
Gas or Oil	Y/N	Y/N	Y/N	Y/N	fluid injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood

Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

AGI TEST

Signature:	OIL CONSERVATION DIVISION	
Printed name:	Entered into RBDMS	
Title:	Re-test	
E-mail Address:		
Date: 7/19/18	Phone:	
	Witness: J. Rowe	

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# American Valve & Meter, Inc.

1113 W. BROADWAY

P.O. BOX 166 HOBBS,  
NM 88240

To: MaLasky

Date: 06/08/18

This is to certify that:

I, Justin Harris, technician for American Valve & Meter Service Inc. has checked the calibration of the following instrument.

8" Pressure Recorder

Ser#50071501800

Pressure #		
Test	Found	Left
0	10	0
500	510	500
700	710	700
1000	1000+	1000
200	210	200
0	10	0

* Pressure #		
Test	Found	Left

Remarks: \_\_\_\_\_

Signature: \_\_\_\_\_

