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

HOBBS OCD
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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. 30-025-28554
5. Indicate Type of Lease STATE ☒ FEE ☐ FED
6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: APO FEDERAL
1. Type of Well: Oil Well ☐ Gas Well ☑ Other SWD
8. Well Number 1 (SWD, Del)
2. Name of Operator: SIANA OPERATING, LLC
9. OGRID Number 168687
3. Address of Operator: HOUSTON, TX.
10. Pool name or Wildcat: Del. SWD; BELL CANYON
4. Well Location
Unit Letter O : 990 feet from the S line and 1940 feet from the E line
Section 10 Township T23S Range R34E NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3403 KB

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
DOWNHOLE COMMINGLE ☐			
CLOSED-LOOP SYSTEM ☐			
OTHER: ☐		OTHER: MIT w/ witness ☐	

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.

Performed MIT on this well per NMSLO, NMOCD, Siana. Chart Attached. Tested to 500 psi.

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 Marvin Burrows TITLE Agent for DATE 7/24/18

Type or print name MARVIN BURROWS E-mail address: BURROWSMARV@GMAIL.COM PHONE: 575-631-8067.

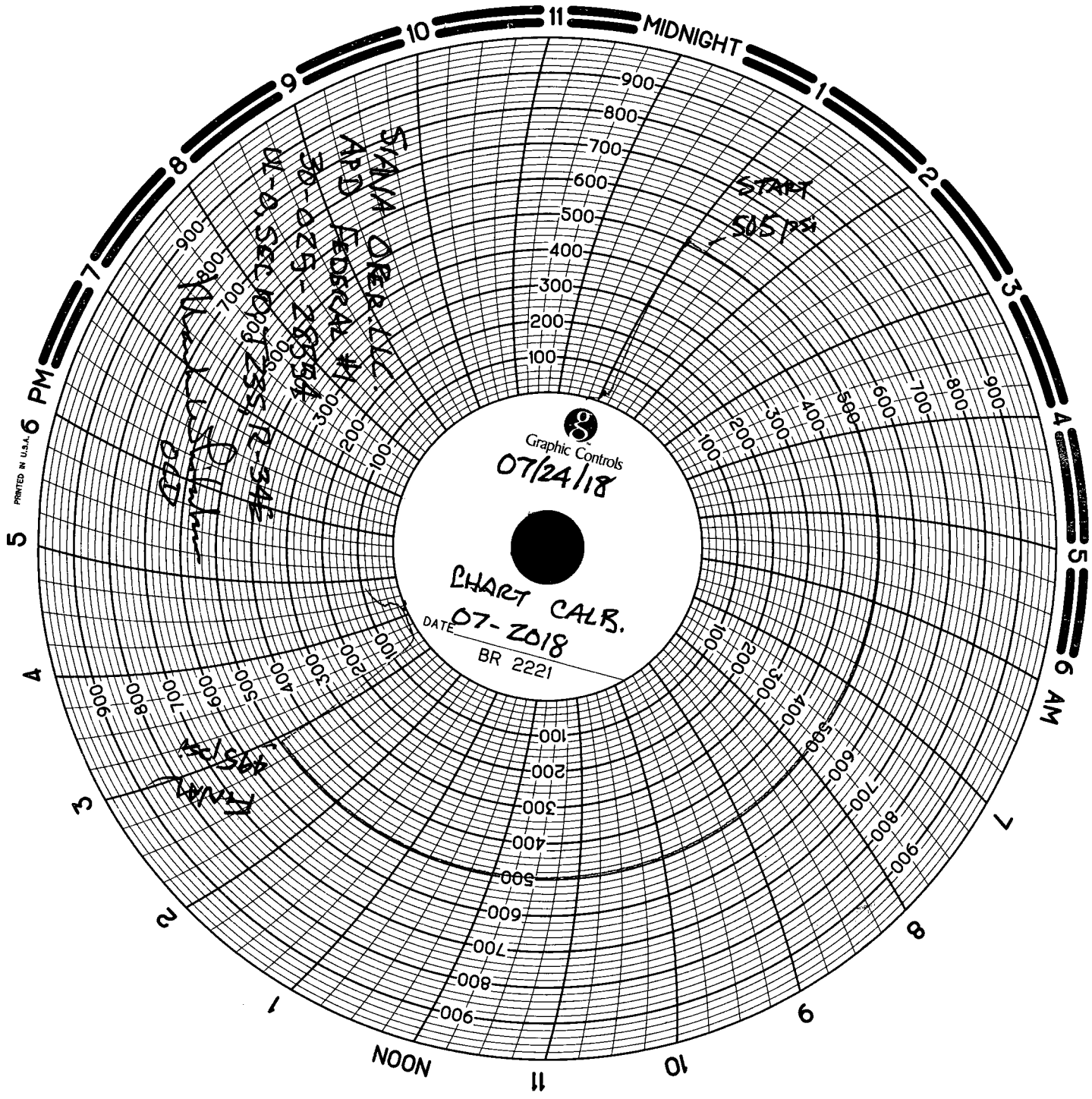
For State Use Only

APPROVED BY: TITLE DATE

Accepted for Record Only

Conditions of Approval (if any):

MBrown 7/25/2018


MIDNIGHT
NOON
6 PM
6 AM
START
505 psi
Graphic Controls
07/24/18
CHART CALB.
DATE 07-2018
BR 2221
PRINTED IN U.S.A.

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

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

BRADENHEAD TEST REPORT

Operator Name	API Number
Fulfer Oil + Cattle	30-025-27322
Property Name	**Well No.**
E F King	#1

Surface Location

UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
M	21	22S	37E		330	S	330	W	LEA

Well Status

TA'D WELL		SHUT-IN		INJECTOR		PRODUCER		DATE
YES	NO	YES	NO	INJ	SWD	OIL	GAS	7-24-18

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	0	N/A	N/A	25	25
Flow Characteristics					CO2 ___
Puff	Y / N	Y / N	Y / N	Y / N	WTR ___
Steady Flow	Y / N	Y / N	Y / N	Y / N	GAS ___
Surges	Y / N	Y / N	Y / N	Y / N	Type of Fluid Injected for Waterflood if applies.
Down to nothing	Y / N	Y / N	Y / N	Y / N	
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	Y / N	

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

Signature: Gary Pearce	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: Phone:	
Witness: Gary Pearce	

INSTRUCTIONS ON BACK OF THIS FORM