

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

rec 11/20/18

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. 30-025-44965
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Breightburn Operating LP		6. State Oil & Gas Lease No.
3. Address of Operator 1111 Bagby Street, Suite 1600 Houston, TX 77002		7. Lease Name or Unit Agreement Name Encore M State
4. Well Location Unit Letter <u>P</u> : <u>860</u> feet from the <u>South</u> line and <u>760</u> feet from the <u>East</u> line Section <u>20</u> Township <u>22S</u> Range <u>37E</u> NMPM County <u>Lea</u>		8. Well Number <u>022</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3359'</u>		9. OGRID Number <u>370080</u>
10. Pool name or Wildcat		11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3359'</u>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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 checked="" type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>		Surface	
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input 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.

- 10-29-2018 MIRU
- 11-3-2018 Spud well at 11:30 am. Drill 17.5" hole to 110'
- 11-4-2018 Drill 17.5" hole to 1220' surface TD. Circulate hole clean. RU casing crew. Run 13 3/8" 54.5# J-55 BTC casing to 1220'. *pm*
- 11-5-2018 Test lines @2000 psi held 5 min, good test. Pump 30 bbls spacer, 23Cement 13 3/8" casing with lead: 239.6 sks Class C Premium Plus, 12ppg, yield 2.562, 15.15gal.sks. Tail: 218 sks, 14.8ppg, 1.33 yield, 6.326 gal/sk. drop plug. Displace 182 f/w bump plug. Bleed back .05 bbl cement returns - 114 sks. 100% returns during cmt job. WOC
- 11-6-2018 NU BOP. Test casing to 1000 psi & held for 30 min. Good test.

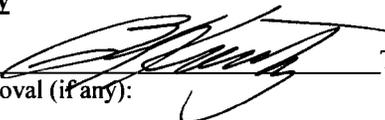
Spud Date: Rig Release Date:

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

SIGNATURE charlotte.nash@breitb Digitally signed by Charlotte Nash TITLE Regulatory Analyst DATE 10-22-2018

Type or print name Charlotte Nash E-mail address: charlotte.nash@mavresources.com PHONE: 713-632-8730

For State Use Only

APPROVED BY:  TITLE _____ DATE 11/26/18
 Conditions of Approval (if any): _____