

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

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

RECEIVED

WELL API NO. 30-025-21497

5. Indicate Type of Lease
 STATE FEE FEDERAL

6. State Oil & Gas Lease No.
 NA

7. Lease Name or Unit Agreement Name
 Eunice Gas Plant SWD

8. Well Number #1

9. OGRID Number
 24650

10. Pool name or Wildcat
 SWD: San Andres

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3,345 (GR)

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: Acid Gas Injection Well

2. Name of Operator
 Targa Midstream Services LLC

3. Address of Operator
 1000 Louisiana, Suite 4300, Houston, TX 77002-5036

4. Well Location
 Unit Letter L : 2,580 feet from the SOUTH line and 1,200 feet from the WEST line
 Section 27 - Township 22S Range 37E - NMPM County Lea

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: (COMPLETION) <input type="checkbox"/>	OTHER: (Mechanical Integrity Test) <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.

The MIT was conducted after providing notice to NMOCD on Tuesday, January 22, 2019 at 12:30 pm (MT). George Bower and Rick Rickman, (NMOCD) were on site to witness and approve the test. Below is a step-by-step summary and results:

- The annular space pressure between casing and tubing was decreased from 220 to 0 psig prior to the start of the MIT.
- The annular space pressure was opened to a brine water line (pump) and a calibrated chart recorder was installed.
- The pressure chart began recording the annular space pressure at 12:46 pm.
- At 12:48 pm 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 12:49 pm.
- The chart recorded the annular space pressure for 32 minutes.
- At 1:21 pm the annulus pressure was 620 psig, a loss of 0 psig (0% decrease).
- 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 intermediate and surface casing annular space pressures. They remained unchanged during the MIT.

Please see the attached MIT pressure chart (approved by NMOCD), calibration sheet, 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 T Littlejohn TITLE Consultant to Targa Midstream LLC DATE 1-22-19

Type or print name Dale T. Littlejohn E-mail address: dale@geolex.com PHONE: 505-842-8000

For State Use Only

APPROVED BY: George Bower TITLE Compliance Supervisor DATE 1/23/2019
 Conditions of Approval (if any):

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

HOBBS OCD

JAN 23 2019

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>1129A</i>	Well No. <i>30-025-21497 -</i>
Property Name <i>Runice Gas Plant SWD</i>	Well No. <i>1 -</i>

Surface Location

U.L. - Lot <i>L</i>	Section <i>27</i>	Township <i>22S</i>	Range <i>37E</i>	Feet from <i>2580</i>	N/S Line <i>S</i>	Feet From <i>1200</i>	E/W Line <i>W</i>	County <i>LCA -</i>
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Well Status

TA'D WELL YES <input checked="" type="checkbox"/>	SHUT-IN YES <input checked="" type="checkbox"/>	INJECTOR INJ <input checked="" type="checkbox"/>	PRODUCER OIL <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>	DATE <i>1/22/19 -</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0.3367</i>	<i>-3.69</i>	<i>-</i>	<i>0</i>	<i>1212 -</i>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 <input type="checkbox"/>
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR <input type="checkbox"/>
Surges	Y / N	Y / N	Y / N	Y / N	GAS <input type="checkbox"/>
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid Injected for Waterflood if applies.
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.

Left 300# on Proc Csg

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	<i>JMB</i>
Date: <i>1/22/19</i>	Witness: <i>J. Down</i>

INSTRUCTIONS ON BACK OF THIS FORM