

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. 30-025-24176 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. NM-4160 |
| 7. Lease Name or Unit Agreement Name North Vacuum Abo North Unit 3 |
| 8. Well Number #001 |
| 9. OGRID Number 373671 |
| 10. Pool name or Wildcat North Vacuum Abo (61760) |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4031.5' GL |

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 **Injection**

2. Name of Operator
Unitex Oil & Gas, L.L.C.

3. Address of Operator
508 West Wall, Suite 1000, Midland, Texas 79701

4. Well Location
 Unit Letter J : 1780 feet from the SOUTH line and 1980 feet from the EAST line
 Section 1 Township 17-S Range 34-E 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: MIT 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.

MIT test performed on May 2, 2019.

HOBBS OCD
 MAY 17 2019
RECEIVED

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 Rita Walterscheid TITLE Regulatory Manager DATE 05/09/2019
 Type or print name Rita Walterscheid E-mail address: ritaw@unitexoil.com PHONE: (432) 685-0014
For State Use Only

APPROVED BY: Kerry Fath TITLE Compliance Officer DATE 5-20-19
 Conditions of Approval (if any):

District 1
 1625 N. French Dr., Hobbs, NM 88240
 Phone: (575) 393-6161 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

| | | |
|---|--|-----------------------------------|
| Operator Name UNITEX OIL & GAS, L.L.C. | | API Number 30-025-24176 |
| Property Name NORTH VACUUM ABO NORTH UNIT 3-1 | | Well No. 001 |

7. Surface Location

| | | | | | | | | |
|----------------------|---------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot J | Section 1 | Township 17S | Range 34E | Feet from 1780 | N/S Line S | Feet From 2000 | E/W Line E | County LEA |
|----------------------|---------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

| | | | | |
|--|--|--|---|-----------------------|
| TA'D Well YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | INJECTOR INJ <input checked="" type="checkbox"/> SWD <input type="checkbox"/> | PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/> | DATE 5-2-19 |
|--|--|--|---|-----------------------|

OBSERVED DATA

| | (A)Surf:Interm | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing |
|-----------------------------|--|--|--------------|--|--------------------|
| Pressure | 0 | 0 | NA | 0 | 1000 |
| Flow Characteristics | | | | | |
| Puff | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | Y / N | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | CO2 _____ |
| Steady Flow | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | Y / N | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | WTR _____ |
| Surges | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | Y / N | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | GAS _____ |
| Down to nothing | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | Y / N | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | If applicable type |
| Gas or Oil | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | Y / N | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | fluid injected for |
| Water | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | Y / N | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | Waterflood |

If bradenhead flowed water, check all of the descriptions that apply:

| | | | | |
|--------------------------------|--------------------------------|--------------------------------|---------------------------------|--------------------------------|
| CLEAR <input type="checkbox"/> | FRESH <input type="checkbox"/> | SALTY <input type="checkbox"/> | SULFUR <input type="checkbox"/> | BLACK <input type="checkbox"/> |
|--------------------------------|--------------------------------|--------------------------------|---------------------------------|--------------------------------|

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

**HOBBS OCD
 MAY 17 2019
 RECEIVED**

| | |
|--|--|
| Signature:  | OIL CONSERVATION DIVISION |
| Printed name: Eddie Elliott | Entered into RBDMS  |
| Title: Production Supervisor | Re-test |
| E-mail Address: eelliott@unitexoil.com | |
| Date: | Phone: 432-999-8423 |
| Witness:  | |