

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 88218  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87422  
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

**HOBBS OCD**  
**MAY 17 2019**  
**RECEIVED**

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

WELL API NO. 30-025-25066
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-1816
7. Lease Name or Unit Agreement Name North Vacuum Abo North Unit "13"
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.) 4049.3' 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 **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 **B** : **660** feet from the **NORTH** line and **1780** 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

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

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 Fortner* TITLE Compliance Officer DATE 5-20-19  
Conditions of Approval (if any):

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

**HOBBS OCD**

MAY 17 2019

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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 <b>UNITEX OIL &amp; GAS, L.L.C.</b>	API Number 30-025-25066
Property Name <b>NORTH VACUUM ABO NORTH UNIT 13-1</b>	Well No. 001

**7. Surface Location**

UL - Lot <b>B</b>	Section <b>2</b>	Township <b>17S</b>	Range <b>34E</b>	Feet from <b>660</b>	N/S Line <b>N</b>	Feet From <b>1780</b>	E/W Line <b>E</b>	County <b>LEA</b>
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**Well Status**

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

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

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

<input type="checkbox"/> CLEAR	<input type="checkbox"/> FRESH	<input type="checkbox"/> SALTY	<input type="checkbox"/> SULFUR	<input type="checkbox"/> BLACK
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Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

**Post work over**

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

