

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-1111  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (505) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87401  
 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

RECEIVED  
 HOBBS OCD  
 JUN 16 2019

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

WELL API NO. 30-025- <u>53</u> <u>453411</u>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name I E FEE S D
8. Well Number <u>2</u>
9. OGRID Number <u>372 03</u>
10. Pool name or Wildcat S D; DE O I -SI I
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

**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 S D/I ECTIO

2. Name of Operator  
3 E FIE D SE ICES, C

3. Address of Operator 15 ST., STE 1212  
MID D, T 79701

4. Well Location  
 Unit Letter A : 50 feet from the O T line and 29 feet from the E ST line  
 Section 22 Township 20S Range 3 E NMPM County E

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 checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
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.

05/10/2019- MIT Conducted; Kerry Fortner w/OCD Dist. 1 onsite at time of MIT. Start w/585 PSI, End 575 psi; MIT was successful, Chart attached.

Spud Date: 02/28/2019

Rig Release Date: 05/05/2019

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

SIGNATURE Jennifer Elrod TITLE S . E TO TEC DATE 05/08/2019

Type or print name E IFE E OD E-mail address: elrod\_chisholmerner\_y.com PHONE: 817-953-3728  
**For State Use Only**

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 6-7-19  
 Conditions of Approval (if any)

RECEIVED  
 MAY 16 2019  
 HOBBS OCD

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

**BRADENHEAD TEST REPORT**

<b>3 BEAR FIELD SERVICES, LLC</b>	Operator Name	AP# Number	30-025-45344-00-00
<b>LIBBY BERRY FEE SWD</b>	Property Name	Well No.	002

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
A	22	20-S	34-E	540	N	269	E	LEA

Well Status

TA'D Well	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <del>NO</del>	<del>YES</del> NO	INJ <del>SWD</del>	OIL GAS	5/10/19

KF

OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	0	—	0	0
<u>Flow Characteristics</u>					NOT 2 MS
Puff	Y/N	Y/N	Y/N	Y/N	CO2 _____
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR _____
Surges	Y/N	Y/N	Y/N	Y/N	GAS _____
Down to nothing	Y/N	Y/N	Y/N	Y/N	If applicable type
Gas or Oil	Y/N	Y/N	Y/N	Y/N	fluid injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood

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

Initial UIC TEST  
 ACD tankling  
 ser # 8127  
 cal 1-16-19

START 585#      END 575#

Signature:	<b>OIL CONSERVATION DIVISION</b>
Printed name:	Entered into RBDMS
Title:	Re-test <span style="float: right;">KF</span>
E-mail Address:	
Date: 5/10/19	Phone:
Witness: <b>KERRY FORTNER-OCD 399-3221</b>	

527.5

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