

Submit 1 Copy To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 October 13, 2009

HOBBS OCD
JUN 28 2019
RECEIVED
 OIL CONSERVATION DIVISION
 1320 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-26954
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Bobbi Stat Waterflood Unit
8. Well Number 3
9. OGRID Number 232611
10. Pool name or Wildcat Arkansas Junction; San Andres, West

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 TA'd

2. Name of Operator
SUNDOWN ENERGY LP

3. Address of Operator
16400 Dallas Parkway, Ste 100, DALLAS, TX 75248

4. Well Location
 Unit Letter N : 330 feet from the SOUTH line and 2310 feet from the WEST line
 Section 20 Township 18S Range 36E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3835' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data *v.p.m.*

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING MULTIPLE COMPL
 DOWNHOLE COMMINGLE

OTHER

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. P AND A
 CASING/CEMENT JOB

OTHER TA Status Extension

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 performed on 6/20/19 with Gary Robinson, OCD, witnessing. Begin press: 560 psi. End press: 560 psi.

Attached: MIT chart & Bradenhead test report

FINAL TA STATUS- EXTENSION
 Approval of TA EXPIRES: 1-16-20
 Well needs to be PLUGGED OR RETURNED
 to PRODUCTION
 BY THE DATE STATED ABOVE: X 7

R-13731

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

SIGNATURE Belinda Bradley TITLE Field Production Analyst DATE 6/25/19

Type or print name Belinda Bradley E-mail address bbradley@sundownenergy.com PHONE: 432-943-8770

For State Use Only

APPROVED BY: Kerry Intre TITLE Compliance Officer A DATE 7-16-19
 Conditions of Approval (if any):

PRINTED IN U.S.A. 6 PM

DATE 6-20-59
BR 2221

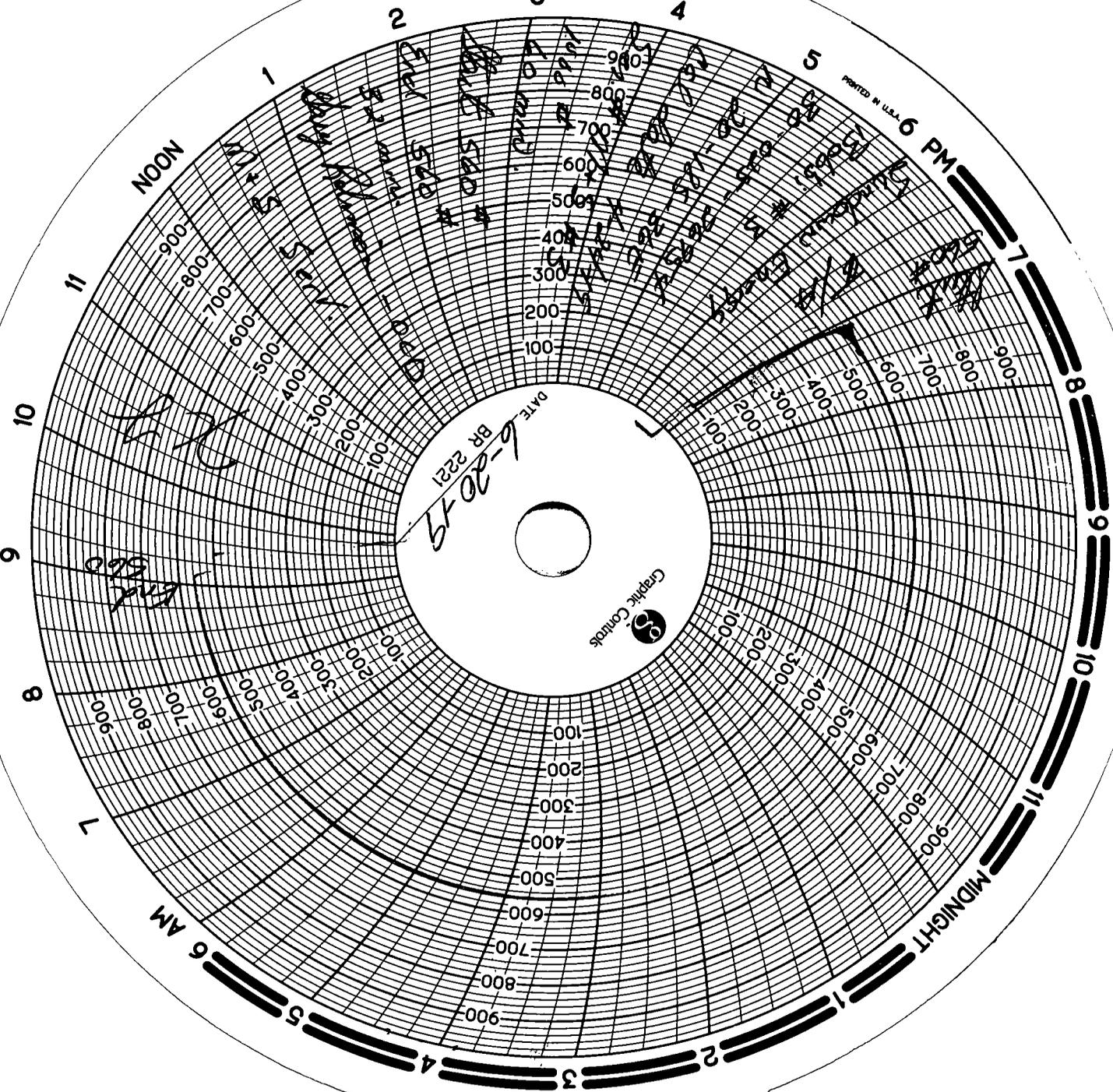


NOON

6 PM

MIDNIGHT

6 AM



Handwritten notes and data points in the upper right quadrant of the grid, including various numbers and symbols.

Handwritten notes and data points in the lower right quadrant of the grid, including various numbers and symbols.

Handwritten notes and data points in the lower left quadrant of the grid, including various numbers and symbols.

Handwritten notes and data points in the upper left quadrant of the grid, including various numbers and symbols.

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

BRADENHEAD TEST REPORT

Operator Name Sundown Energy	API Number 30-025-26954
Property Name Bobbi	Well No. #3

1. Surface Location

UL - Lot	Section	Township	Range	Fect from	N/S Line	Fect From	E/W Line	County
N	20	18S	36E	380	S	2810	W	LEA

Well Status

<input checked="" type="checkbox"/> YES	TA'D WELL	<input checked="" type="checkbox"/> YES	SHUT-IN	<input type="checkbox"/> NO	INJECTOR	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	<input checked="" type="checkbox"/> OIL	PRODUCER	<input type="checkbox"/> GAS	DATE
											6-20-19

OBSERVED DATA

	(A)Surface	(B)Intermf1	(C)Intermf2	(D)Prod Csg	(E)Tubing
Pressure	N/A	N/A	N/A	0	NONE
Flow Characteristics					
Pull	Y/N	Y/N	Y/N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	CO2 ___
Steady Flow	Y/N	Y/N	Y/N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	WTR ___
Surges	Y/N	Y/N	Y/N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	GAS ___
Down to nothing	Y/N	Y/N	Y/N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Type of fluid injected for waterflood if applies
Gas or Oil	Y/N	Y/N	Y/N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Water	Y/N	Y/N	Y/N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

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

T/A

HOBBS OCD

JUN 28 2019

RECEIVED

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	X J
Date:	
Phone:	
Witness: Ray Peterson	

PERFORMING BRADENHEAD TEST

General Procedure for Bradenhead Test

Identify: All valves prior to testing

Gauges: Install on each casing string to record pressure.

Assure: That all valves are in good working condition and closed at least 24 hours prior to testing.

Open: Each valve (Bradenhead, intermediate and casing valves) is to be opened separately.

Check Gauges: Record pressure on each gauge and casing string on BHT form. Open valves to atmosphere and record results on BHT form.

Designate what applies to the result of opening the valves for each string:

- | | |
|------------------------|-----------|
| • Blow or Puff | Yes or No |
| • Bled down to Nothing | Yes or No |
| • Steady Flow | Yes or No |
| • Oil or Gas | Yes or No |
| • Water | Yes or No |

Start: Injection or SWD pump so tubing pressure can be read.

Instructions below apply to the District 1 Hobbs office since this must be reported on a form.

In case of pressure:

1. Record pressure reading on gauge.
2. Bleed and note time elapsed to bleed down.
3. Leave valve open for additional observation.
4. Note any fluids expelled.

In absence of Pressure:

1. Leave valve open for additional observation.
2. Note types of fluids expelled.
3. Note if fluids persist throughout test.

Note: Tubing pressure on injection or SWD wells.

Test will be signed by person performing test with a contact phone number.