

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 88203  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-7400  
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. 30-025-12059
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1431
7. Lease Name or Unit Agreement Name Rhodes Yates Unit
8. Well Number 9
9. OGRID Number 371698
10. Pool name or Wildcat Rhodes Yates Seven Rivers

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator HPPC, Inc.	
3. Address of Operator 306 West Wall Suite 209; Midland, TX 79701	
4. Well Location Unit Letter <u>H</u> : 1980 feet from the <u>N</u> line and <u>660</u> feet from the <u>East</u> line Section <u>28</u> Township <u>26S</u> Range <u>37E</u> NMPM Rhodes Field County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2981 DR	

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"/>	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: 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.

-Ran MIT test witnessed by Gary Robinson from OCD as witness on June 12, 2019. Good Test

Spud Date: <u>3/4/1943</u>	Rig Release Date: <u>3/30/1943</u>
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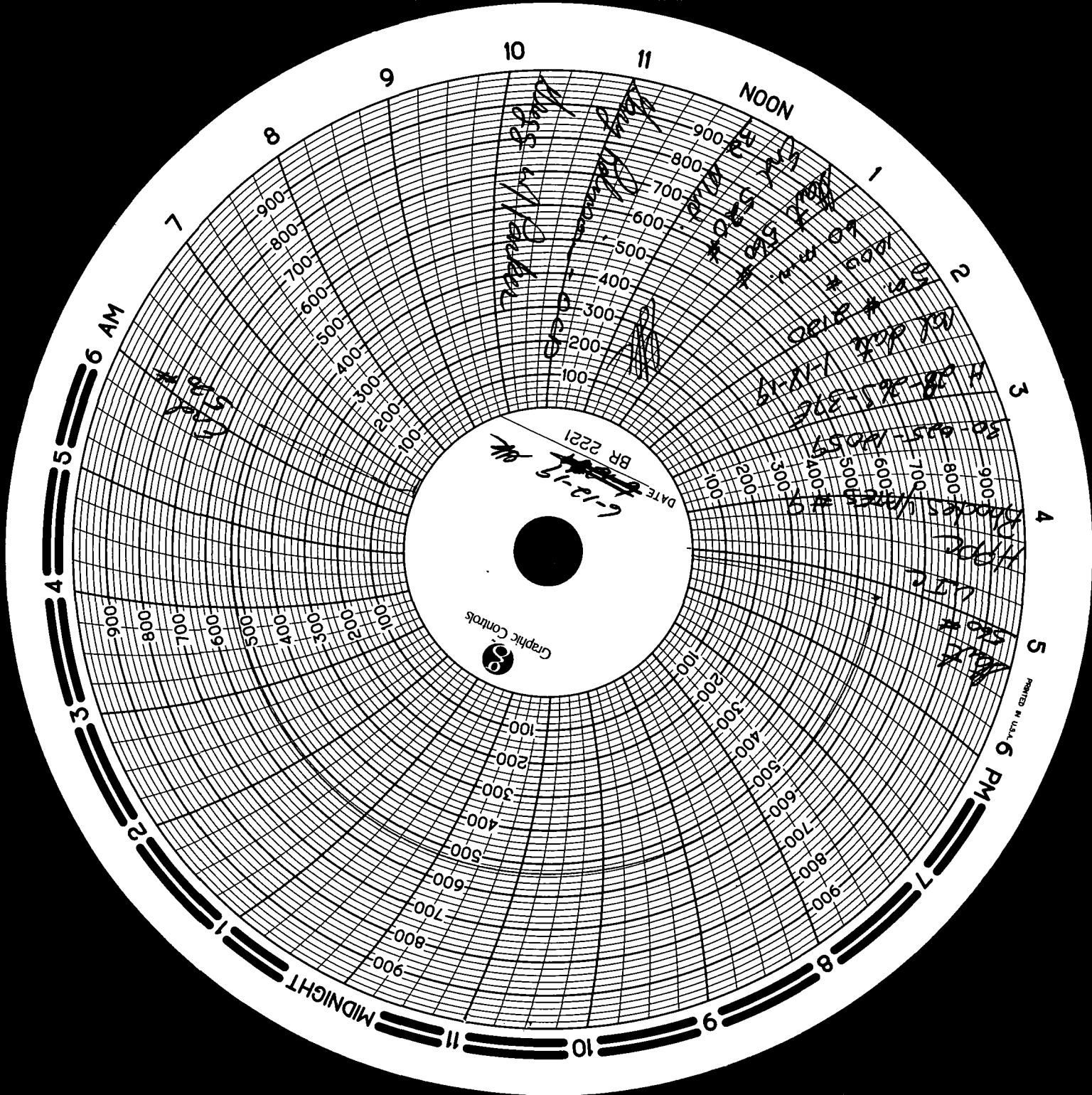
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Vice President DATE 8/6/2019

Type or print name Rajan Prasad E-mail address: rajan.prasad@hppcinc.com PHONE: 432-557-5067

For State Use Only

APPROVED BY: [Signature] TITLE [Signature] DATE 8-16-19  
Conditions of Approval (if any): [Signature]



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

BRADENHEAD TEST REPORT

Operator Name <b>HAPPC</b>		API Number <b>30-025-12059</b>	
Property Name <b>Rhodes YATES</b>		Well No. <b>#9</b>	

1. Surface Location

UL - Lot <b>H</b>	Section <b>28</b>	Township <b>26S</b>	Range <b>37E</b>	Feet from <b>1980</b>	N/S Line <b>N</b>	Feet from <b>660</b>	E/W Line <b>E</b>	County <b>LEA</b>
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Well Status

TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN YES	<input checked="" type="radio"/> NO	<input checked="" type="radio"/> INJ	INJECTOR SWD	PRODUCER OIL	GAS	DATE <b>6-12-19</b>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<b>0</b>	<b>N/A</b>	<b>N/A</b>	<b>0</b>	<b>0</b>
Flow Characteristics					
Pull	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	CO2 <input type="checkbox"/>
Steady Flow	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	WTR <input type="checkbox"/>
Surges	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	GAS <input type="checkbox"/>
Down to nothing	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Type of Fluid Injected for Waterflood if applies
Gas or Oil	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	
Water	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	

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

**WIC/MET**

Signature: <b>[Signature]</b>		OIL CONSERVATION DIVISION	
Printed name: <b>Rajul Prasad</b>		Entered into RBDMS <b>[Signature]</b>	
Title: <b>VP</b>		Re-test	
E-mail Address: <b>Rajul.prasad@nrm.nm.gov</b>			
Date: <b>7/24/19</b>	Phone: <b>432-557-5007</b>		
Witness: <b>[Signature]</b>			

INSTRUCTIONS ON BACK OF THIS FORM