

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

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

Form C-103
Revised July 18, 2013

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.)		WELL API NO. 30-025-23945
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Injection		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Unitex Oil & Gas, L.L.C.		6. State Oil & Gas Lease No. E-5765
3. Address of Operator 508 West Wall, Suite 1000, Midland, Texas 79701		7. Lease Name or Unit Agreement Name North Vacuum Abo North Unit "2A"
4. Well Location Unit Letter N : 1980 feet from the WEST line and 460 feet from the SOUTH line Section 1 Township 17-S Range 34-E NMPM County Lea		8. Well Number #001
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4032.5' GL		9. OGRID Number 373671
		10. Pool name or Wildcat North Vacuum Abo (61760)

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.

MIT test performed on 8-29-19

Chart attached

HOBBS OGD
SEP 04 2019
RECE

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 _____ TITLE Regulatory Manager DATE 02/04/2019
Type or print name Rita Walterscheid E-mail address: ritaw@unitexoil.com PHONE: (432) 685-0014
For State Use Only

APPROVED BY: Kerry Furtu TITLE C. O. A DATE 9-5-19
Conditions of Approval (if any):

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

HOBBS OCD

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

SEP 04 2019

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Unitex Oil & Gas, LLC</i>	API Number <i>30-025-23945</i>
Property Name <i>North Vacuum Abo North Unit 2A-1</i>	Well No. <i>001</i>

Surface Location									
UL - Lot <i>N</i>	Section <i>1</i>	Township <i>17S</i>	Range <i>34 E</i>		Feet from <i>460</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>W</i>	County <i>Lea</i>

Well Status									
YES	TA'D WELL <input checked="" type="checkbox"/>	SHUT-IN <input checked="" type="checkbox"/>	NO	INJECTOR <input checked="" type="checkbox"/>	SWD	OIL	PRODUCER <input checked="" type="checkbox"/>	GAS	DATE <i>8-29-19</i>

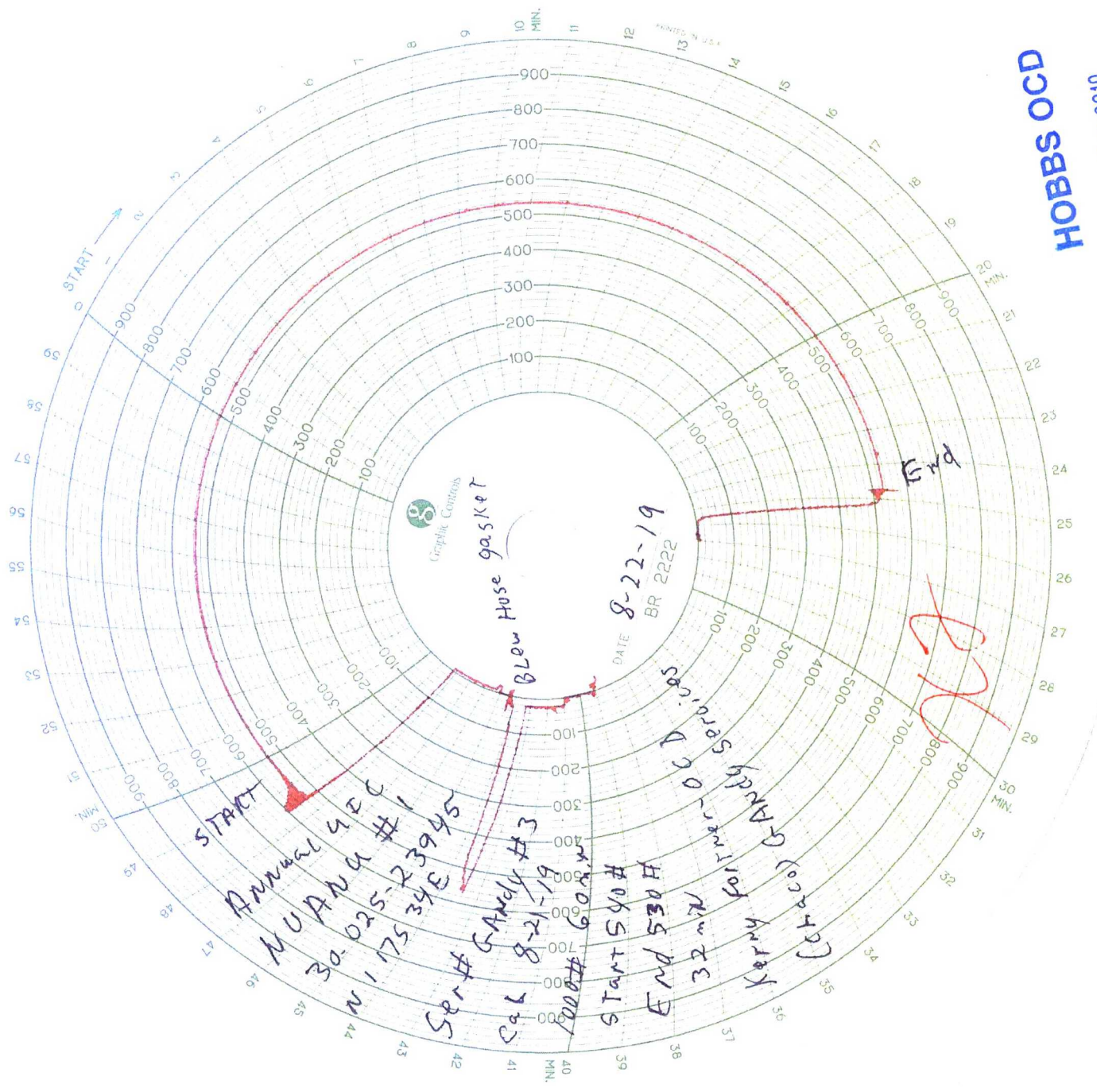
OBSERVED DATA

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

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

Signature: <i>Eddie Elliott</i>	OIL CONSERVATION DIVISION
Printed name: <i>Eddie Elliott</i>	Entered into RBDMS
Title: <i>Production Supervisor</i>	Re-test
E-mail Address: <i>elliott@unitexoil.com</i>	
Date: <i>8-29-19</i>	
Phone: <i>432-999-8423</i>	
Witness: <i>Kerry Fortner - OCD</i>	

INSTRUCTIONS ON BACK OF THIS FORM



HOBBS OCD

SEP 04 2019

RECEIVED