

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

HOBBS  
AUG 29 2019  
RECEIVED

Form C-103  
Revised July 18, 2013

WELL API NO. 30-025-42545	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. NM 33955	
7. Lease Name or Unit Agreement Name Halfway SWD Federal	
8. Well Number 001	
9. OGRID Number 289936	
10. Pool name or Wildcat SWD; Devonian	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator R360 Permian Basin, LLC	
3. Address of Operator 4507 Carlsbad Highway, Hobbs, NM 88240	
4. Well Location Unit Letter <u>M</u> : <u>845</u> feet from the <u>South</u> line and <u>1030</u> feet from the <u>West</u> line Section <u>22</u> Township <u>20S</u> Range <u>32E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3533 GR	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: Alter and replace tubing and packer ☒

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.

07/10/19 Pulled and laid down existing 4-1/2" injection tubing.  
07/12/19 Pulled and laid down existing packer.  
07/13/19 Ran new 7" x 4-1/2" RSB Packer (stainless). Set packer at 14,563 ft.  
07/29/19 Ran 366 joints and 4 spaceout subs of new 4-1/2", 11.6# (TK-15 IPC) injection tubing and packer seals.  
07/31/19 Ran Bradenhead Test and Official Internal Mechanical Integrity Test to 560 psi.  
Transmitted results to NMOCD (Hobbs). Rigged down workover rig and equipment.

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

*Stephanie Garza*

TITLE

Environmental Scientist

DATE

8/28/19

Type or print name

Stephanie Garza

E-mail address:

Stephanieg@r360es.com

PHONE:

956-458-0515

For State Use Only

APPROVED BY:

*[Signature]*

TITLE

DATE

09/06/19

Conditions of Approval (if any):

District 1  
1625 N. French Dr., Hobbs, NM 88240  
Phone (575) 393-6161 Fax (575) 393-0720

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

BRADENHEAD TEST REPORT

Operator Name R360 Permian Basin, LLC	API Number 30-025-42545
Property Name Halfway SWD	Well No. 1

<sup>2</sup> Surface Location

UL - Lot M	Section 22	Township 20S	Range 32E		Feet from 845	N/S Line South	Feet From 1030	E/W Line West	County Lea
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Well Status

TA'D Well YES <input checked="" type="radio"/> NO	SHUT-IN YES <input checked="" type="radio"/> NO	INJECTOR INJ <input checked="" type="radio"/> SWD	PRODUCER OIL <input checked="" type="radio"/> GAS	DATE 7/31/19
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OBSERVED DATA

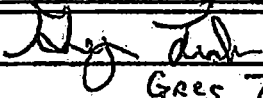
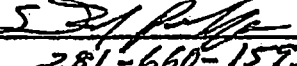
	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<input checked="" type="radio"/>	<input checked="" type="radio"/>	N/A	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Flow Characteristics					
Puff	<input checked="" type="radio"/> Y <input checked="" type="radio"/>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

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

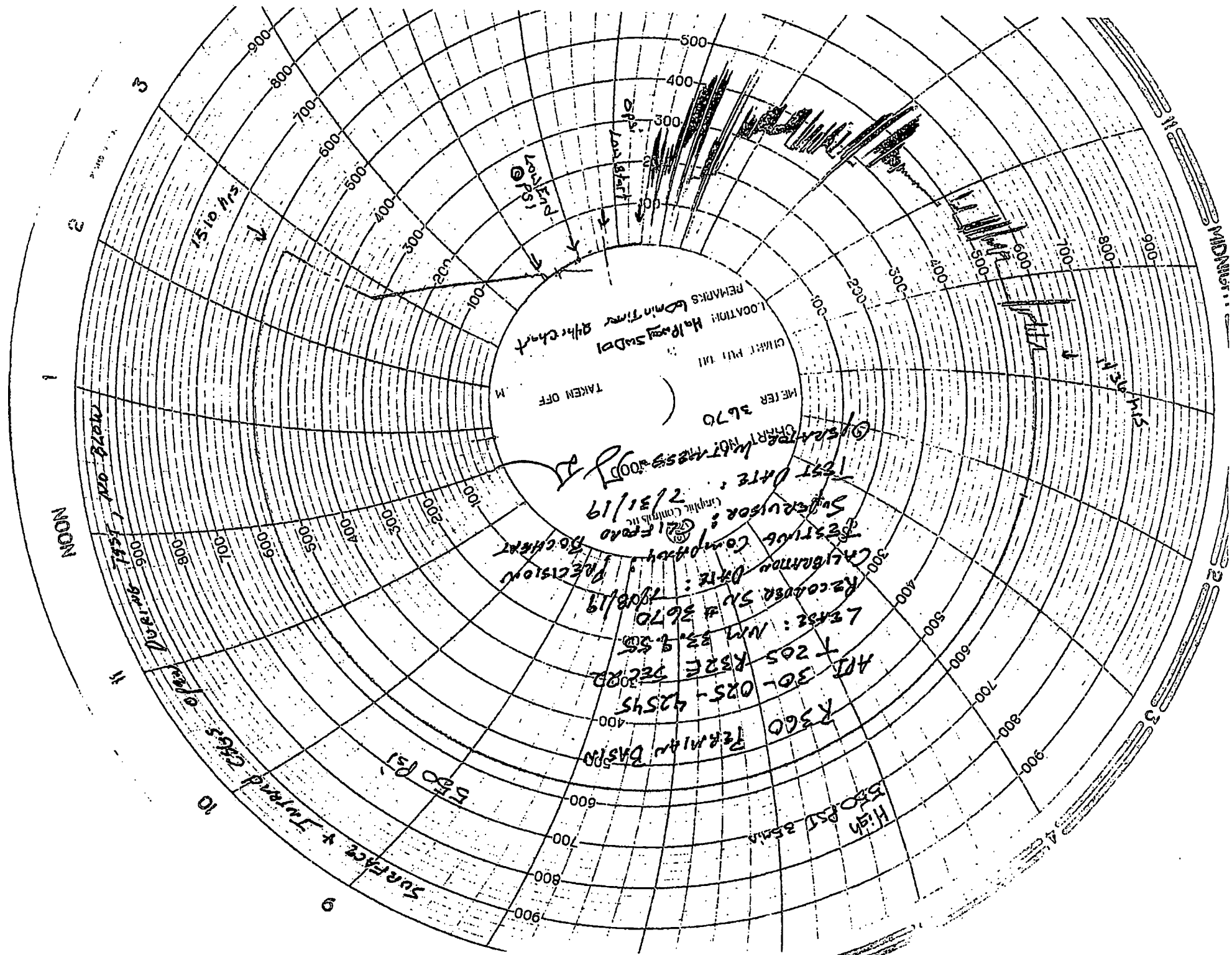
CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

NONE

Signature: 	OIL CONSERVATION DIVISION
Printed name: Greg Trahan	Entered into RBDMS
Title: SWD And Technical Service MANAGER	Re-test
E-mail Address: gtrahan@r360es.com	
Date: 7-31-19	
Phone: 337-329-5731	
Witness: 	

281-660-1593



# CHARTS LTD.

GAS MEASUREMENT

## CALIBRATION CERTIFICATE

Cert Date: 7/18/2019  
Due Date: 10/18/2019

customer: Rental  
Model: Clp 12"  
Serial: 3670

This is to certify that this instrument has been inspected and tested against ADDITEL Digital Gauge ADT680-GP30K, SN: 218183B0028 Calibrated (04/25/2019) Due Date (04/25/2020) Reference Standard used in this calibration are traceable to the SI Units through NIST. This calibration is compliant to ISO/IEC 17025:2017 and ANSI/NCSL Z540-1:R2002.

This instrument is certified to be accurate within +/- 1% of Full Scale

Input Type/ Range: 1000#		Color: Red	
Pen Number: 1			
<u>Descending</u>			
Applied:	Reading:	Applied:	Reading:
0	0	1002	1000
200	200	800	800
499	500	497	500
798	800	198	200
1002	1000	0	0

2031 TRADE DR.  
MIDLAND, TX 79706  
(432) 697-7801 (432) 520-3564

Technician: Jacob C.