

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

Form C-103
 Revised July 18, 2013

HOBBBS CD
RECEIVED
 SEP 2 10 2019
 CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-07918
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Carter San Andres Unit
8. Well Number 103
9. OGRID Number 009338
10. Pool name or Wildcat South Carter (San Andres)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3626'

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

2. Name of Operator
Great Western Drilling Company

3. Address of Operator
PO Box 1659 Midland, Texas 79702

4. Well Location
Unit Letter K : 1650 feet from the S line and 1980 feet from the W line
Section 5 Township 18S Range 39E NMPM County Lea

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: MP/MB TEST W/ CHART <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.

9-19-19: TEST CASING TO 375 PSI FOR 30 MINUTES. TEST CONDUCTED BY KERRY FORTNER (NMOCD COMPLIANCE OFFICER). ORIGINAL CHART IS ATTACHED W/ BRADENHEAD TEST REPORT. WELL IS AN INJECTION WELL.

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 Ralph Skinner Jr. TITLE PRODUCTION FOREMAN DATE 9-20-19

Type or print name Ralph Skinner Jr. Email address: rskinner@gwdc.com PHONE: 575-942-1294
For State Use Only

APPROVED BY: Kerry Fortner TITLE C.O. A DATE 9-20-19
 Conditions of Approval (if any):

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

BRADENHEAD TEST REPORT

Operator Name Great Western Drilling Co.		API Number 30-025-07918
Property Name SCSAU		Well No 103

Surface Location

UL - Lot X	Section 5	Township 18-S	Range 39-E	Feet from 1650	N/S Line S	Feet From 1980	E/W Line W	County Lea
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Well Status

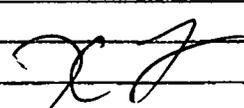
TA'D WELL YES <input checked="" type="checkbox"/>	SHUT-IN YES <input checked="" type="checkbox"/>	INJECTOR <input checked="" type="checkbox"/>	SWD	PRODUCER OIL	GAS	DATE 9-19-19
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod.Csng	(E)Tubing
Pressure	0	NA	NA	0	130
Flow Characteristics					
Puff	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	<input checked="" type="checkbox"/> / N	CO2
Steady Flow	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	WTR
Surges	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	GAS
Down to nothing	<input checked="" type="checkbox"/> / N	Y / N	Y / N	<input checked="" type="checkbox"/> / N	Type of Fluid
Gas or Oil	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	Injected for
Water	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	Water/Oil if
					applies

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

UTC TEST
STONE OILFIELD SERVICES
SER A 8519
CAL 8-1-19

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title	Re-test
E-mail Address:	
Date: 9-19-19	Witness: Kerry Fortner-ocd
Phone:	359-3221

INSTRUCTIONS ON BACK OF THIS FORM

