

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

WELL API NO. 30-025-07936
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 402
9. OGRID Number 009338
10. Pool name or Wildcat South Carter (San Andres)

HOBBS OCD
RECEIVED
FEB 20 2019

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 F : 1650 feet from the N line and 2310 feet from the W line
Section 8 Township 18S Range 39E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
GL 3628'

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.

9/19/2019: TEST CASING TO 360 PSI FOR 30 MINUTES. TEST CONDUCTED BY KERRY FORTNE, 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. E-mail address: rskinner@gwdc.com PHONE: 575-942-1294

For State Use Only

APPROVED BY: Kerry Fortne TITLE C.O. A DATE 9-20-19

Conditions of Approval (if any):

District 1
1625 N French Dr., Hobbs, NM 88240
Phone (575) 393-6161 Fax (575) 393-0729

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 30-025-07936
Property Name SCSAU		Well No 402

Surface Location

Ul. - Lot F 8	Section 8	Township 18-S	Range 39-E	Feet from 1650	N/S Line N	Feet From 2310	E/W Line W	County Lea
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Well Status

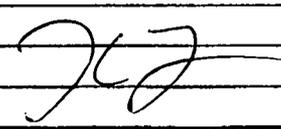
TA'D WELL YES <input checked="" type="checkbox"/>	SHUT-IN YES <input checked="" type="checkbox"/>	INJECTOR <input checked="" type="checkbox"/>	SWD	OIL PRODUCER OIL <input type="checkbox"/>	GAS <input type="checkbox"/>	DATE 9-19-19
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	NA	NA	0	0
Flow Characteristics					NOT INS
Puff	Y / 0	Y / N	Y / N	0 / N	CO2
Steady Flow	Y / 0	Y / N	Y / N	Y / 0	WTR
Surges	Y / 0	Y / N	Y / N	Y / 0	GAS
Down to nothing	0 / N	Y / N	Y / N	0 / N	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y / 0	Y / N	Y / N	Y / 0	
Water	Y / 0	Y / N	Y / N	Y / 0	

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

UIC Test
STONE OILFIELD SERV
SER # 8519
Cal 8-1-19

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title		Re-test 	
E-mail Address:			
Date: 9-19-19	Phone:		
Witness: Kerry Fortner - OCD			
		399-3221	

INSTRUCTIONS ON BACK OF THIS FORM

