

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

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

WELL API NO. 30-025-03151
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Vacuum Unit
8. Well Number 352
9. OGRID Number 328449
10. Pool name or Wildcat Wolfcamp
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3862 GL

**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  
Catena Resources Operating, LLC

3. Address of Operator  
18402 US Hwy 281 N, Suite 258 San Antonio, TX 78259

4. Well Location  
 Unit Letter I : 1980 feet from the South line and 660 feet from the East line  
 Section 35 Township 18S Range 35E NMPM County Lea

**HOBBS OGD**  
 NOV 07 2019  
**RECEIVED**

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data *J.P.M.*

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 checked="" 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"/>		OTHER: <u>TA STATUS</u>	<input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <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.

On behalf of Catena Resources this C-103 is being submitted to allow the subject well to continue to be in TA status.

A CIBP is set at 9,850' above perforations from 9,920-952', 9,970-10,080', 10,100-130', 10,196-202'.

A bradenhead and MIT test were ran on the subject well on 10-23-2019 and witnessed by the commission.

**FINAL TA STATUS- EXTENSION**

Approval of TA EXPIRES: 10-23-20  
 Well needs to be PLUGGED OR RETURNED  
 to PRODUCTION  
 BY THE DATE STATED ABOVE: X F

Spud Date: 03/21/1958

Rig i

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Rachel Milne TITLE Regulatory Analyst III DATE 11/7/2019

Type or print name Rachel Milne E-mail address: ramilne@progressivepcs.net PHONE: (303) 309-1656  
**For State Use Only**

APPROVED BY: Xemy Jut TITLE C.O. A DATE 11-8-19  
 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 <b>Catena Resources Operating, LLC</b>	API Number <b>30-025-03151</b>
Property Name <b>SOUTH Vacuum UNIT</b>	Well No <b>352</b>

Surface Location

U.I. Lot <b>I</b>	Section <b>35</b>	Township <b>18-S</b>	Range <b>35-E</b>	Feet from <b>1980</b>	N/S Line <b>S</b>	Feet From <b>660</b>	E/W Line <b>E</b>	County <b>Lea</b>
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Well Status

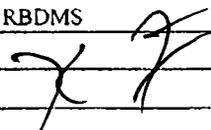
<input checked="" type="checkbox"/> YES TA'D WELL	NO	<input checked="" type="checkbox"/> YES SHUT-IN	NO	INJ	INJECTOR	SWD	<input checked="" type="checkbox"/> OIL PRODUCER	GAS	DATE <b>10-23-19</b>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	0	0	NA	0	0
<b>Flow Characteristics</b>					<b>TA</b>
Puff	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	<input checked="" type="checkbox"/> / N	CO2
Steady Flow	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	WTR
Surges	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	GAS
Down to nothing	<input checked="" type="checkbox"/> / N	<input checked="" type="checkbox"/> / N	Y / N	<input checked="" type="checkbox"/> / N	Type of fluid logged for waterhead if applicable
Gas or Oil	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	
Water	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	

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

TA Extension Test  
 Kennemore Serv.  
 NU FLO (ser#) 71612-13  
 CAL 6-18-19  
 START 560#  
 END 560#

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test 
E-mail Address:	
Date: <b>10-23-19</b>	Phone:
Witness <b>Kerry Fortner-OCD</b>	

399-3221

INSTRUCTIONS ON BACK OF THIS FORM

