

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. | 30-025-21114 |
| 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 Northeast Pearl Queen Unit | |
| 8. Well Number | 009 |
| 9. OGRID Number | 370080 |
| 10. Pool name or Wildcat Pearl;Queen | |

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 **HOBBS OCD**

2. Name of Operator
Breitburn Operating LP **PLAN 2 2 2020**

3. Address of Operator
1111 Bagby Street, Suite 1600 Houston, TX **RECEIVED**

4. Well Location
Unit Letter A : 990 feet from the North line and 990 feet from the East line
Section 23 Township 19S Range 35E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3754'

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

| | |
|--|---|
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> |
| DOWNHOLE COMMINGLE <input type="checkbox"/> | CASING/CEMENT JOB <input checked="" type="checkbox"/> |
| CLOSED-LOOP SYSTEM <input type="checkbox"/> | OTHER: <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.

1/09/20 MIRU plugging equipment. NU BOP. Tagged existing CIBP w/ 50' cmt on top. Spotted 25 sx class C cmt @ 4875-4497'. WOC.
 01/10/20 Tagged plug @ 4560'. Circulated hole w/ salt gel. Pressure test does not hold. Established holes in csg @ 1200' to surface. Perf'd csg @ 3118'. Pressured up on perms to 500 PSI.
 01/13/20 Spotted 25 sx class C cmt @ 3168-2790'. WOC. Tagged plug @ 2775'. Perf'd csg @ 2160' & established an injection rate & circulated on the 4 1/2". Spotted 50 sx class C cmt @ 2210-1454'. WOC.
 01/14/20 Tagged plug @ 1728'. Spotted 50 sx class C cmt @ 1728-942'. Established holes @ 215'. Perf'd csg @ 315'. Established circulation up the 8 5/8" csg. 01/15/20 Spotted 25 sx class C cmt @ 600-222'. WOC.
 01/15/20 Gravity Squeezed 25 sx class C cmt @ 600-222'. Squeezed 125 sx class C cmt @ 222' to surface on 4 1/2" & 8 5/8". Rigged down, cleaned location, & moved off. 0
 1/17/20 Moved in backhoe and welder, dug out cellar, cut off well head, and Kerry Fortner w/ OCD verified cement to surface. Welded on "Above Ground Dry Hole Marker". Backfilled cellar, cut off deadmen, cleaned location, and moved off.

Spud Date: Rig Release Date:

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

Digitally signed by Charlotte Nash
 DN: cn=Charlotte Nash, o=Breitburn Operating, LP,
 ou=Regulatory,
 email=charlotte.nash@mavresources.com, c=US
 Date: 2020.01.22 07:38:35 -0800

SIGNATURE Charlotte Nash TITLE Regulatory Analyst DATE 1-22-2020

Type or print name Charlotte Nash E-mail address: charlotte.nash@mavresources.com PHONE: 713-632-8730

For State Use Only

APPROVED BY: Kerry Fortner TITLE CO DATE 1-23-20

Conditions of Approval (if any) _____