

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

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30025-24459
1. Type of Well: Oil Well ☐ Gas Well ☒ Other		5. Indicate Type of Lease STATE ☐ FEE ☒
2. Name of Operator Granada Ridge Disposal		6. State Oil & Gas Lease No.
3. Address of Operator PO Box 1105 Eunice, NM 88231		7. Lease Name or Unit Agreement Name OJO Claro
4. Well Location Unit Letter E : 1930 feet from the N line and 460 feet from the W line Section 23 Township 22 Range 34 NMPM County Lea		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3482		9. OGRID Number 370997
		10. Pool name or Wildcat Devonian

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
DOWNHOLE COMMINGLE ☐			
CLOSED-LOOP SYSTEM ☐			
OTHER: ☐		OTHER: ☐	

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.

Replaced entire tubing string. Replaced packer and circulate hole clean w/ packer fluid.

See ATTACH chart

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

TITLE

Foreman

DATE

6-29-20

Type or print name

E-mail address:

PHONE:

For State Use Only

APPROVED BY:

Kerry Int

TITLE

CO

A

DATE

8-5-20

Conditions of Approval (if any):

WORK PERFORMED: RIH W 5 1/2" 20# DUAL PERMAPAK ON W.L. SET PKR @ 14,605'
PU RIH W/ 3 1/2 STINGER ON DUAL STRING OF 4 1/2" & 3 1/2" CASING &
TUBING. STING IN PKR SPACE OUT STING OUT. CIRCULATE PKR FLUID.
STING IN ND BOP NU T TREE. TEST CASING TO 500 PSI.
POP PUMP OUT PLUG.

HOBBS OCD

District I
1621 N. French Dr., Hobbs, NM 88240
Phone (575) 397-6151 Fax (575) 393-0120

JUL 30 2020

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Trinity Oilfield Services</i>	API Number <i>30025-24459</i>
Property Name <i>OSO Chiso</i>	Well No <i>1</i>

1. Surface Location

UL - Lot <i>E</i>	Section <i>23</i>	Township <i>22</i>	Range <i>34</i>	Feet from <i>N80</i>	N/S Line <i>N</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJ INJECTOR	<u>SWD</u>	OIL	PRODUCER	GAS	DATE <i>6-25-20</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Cng	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>.</i>	<i>12</i>	<i>0</i>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR
Surges	Y / N	Y / N	Y / N	Y / N	GAS
Down to nothing	Y / N	Y / N	Y / N	Y / N	13 pt of Field
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Logged for
Water	Y / N	Y / N	Y / N	Y / N	Waterhead if
					systems

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

Signature <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name <i>Clay Tipton</i>	Entered into RBDMS
Title <i>Foreman</i>	Re-test
E-mail Address <i>clay@trinityoilfieldservices.com</i>	
Date <i>6-29-20</i>	
Phone <i>575-369-5184</i>	
Witness	

INSTRUCTIONS ON BACK OF THIS FORM