

OCD-HOBBS

Form 3160-5
(April 2004)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB No 1004-0137
Expires March 31, 2007

SUNDRY NOTICES AND REPORTS ON WELLS

*Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.***SUBMIT IN TRIPLICATE**- Other instructions on reverse side.1 Type of Well
☐ Oil Well ☒ Gas Well ☐ Other2. Name of Operator **Enstor Grama Ridge Storage and Transportation**3a. Address
20329 State Highway 249, Suite 400, Houston, TX 770703b. Phone No (include area code)
281-374-3087

4 Location of Well (Footage, Sec., T., R., M., or Survey Description)

**UL-F-, Sec. 4, T22S, R34E
2310' FNL & 2310' FWL**5 Lease Serial No
NM-058678

6. If Indian, Allottee or Tribe Name

7 If Unit or CA/Agreement, Name and/or No.
GRM Unit8. Well Name and No
Gramma Ridge Fed., 8817 JV-P, # 49. API Well No.
30-025-2133410. Field and Pool or Exploratory Area
Gramma Ridge, Morrow11. County or Parish, State
Lea., NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other MIT
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Casing Test (Mechanical Integrity Test (MIT)) performed September 15, 2009

SUBJECT TO LIKE
APPROVAL BY STATE

RECEIVED

OCT 28 2009

HOBBSOCD

ACCEPTED FOR RECORD

OCT 23 2009
/s/ JD Whitlock JrBUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE**Chart not legable! 10-28-09 CWT.*14 I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Larry Krohmer

Title

Director of Engineering

Signature

Larry Krohmer

Date

10/5/09

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title

Date

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

COPY

x BAEIC

Adrian

John Doe DDI

Ernst
9-13-09

S/N # 8740

GRAMA

4

RIDGE



**Grama # 4
MIT Procedure**

Well Info			
RRC #	14,870'	TD	
AFE #	13,245'	PBTD	
API #	30 025 21334	Straight	Hole Geometry
	12,886'-12,892'		
	12,894'-12,903'		
	13,093'-13,111'		
Perforations			
Packer	12,795'		
EOT	12,817'	2.313 " Min ID	
BHP	Est 3,800 psi		
Surface PSI	Est 3,000 psi		
BHT	Est 190		

HISTORY:

The Grama #4 well is a working injection and withdraw well for the Grama gas storage field

SAFETY IS TOP PRIORITY

PPI IS COMMITTED TO A SAFE WORKING ENVIRONMENT FOR ALL COMPANY AND SERVICE PERSONNEL. Feedback on all issues is considered priority, especially issues involving safety. A safety meeting will be held prior to commencing each critical operation to provide all personnel with a safe working knowledge of the ensuing job particulars and potential hazards. Well control procedures should receive top priority with any concerns addressed immediately to the PPI Representative on site.

PROCEDURE:

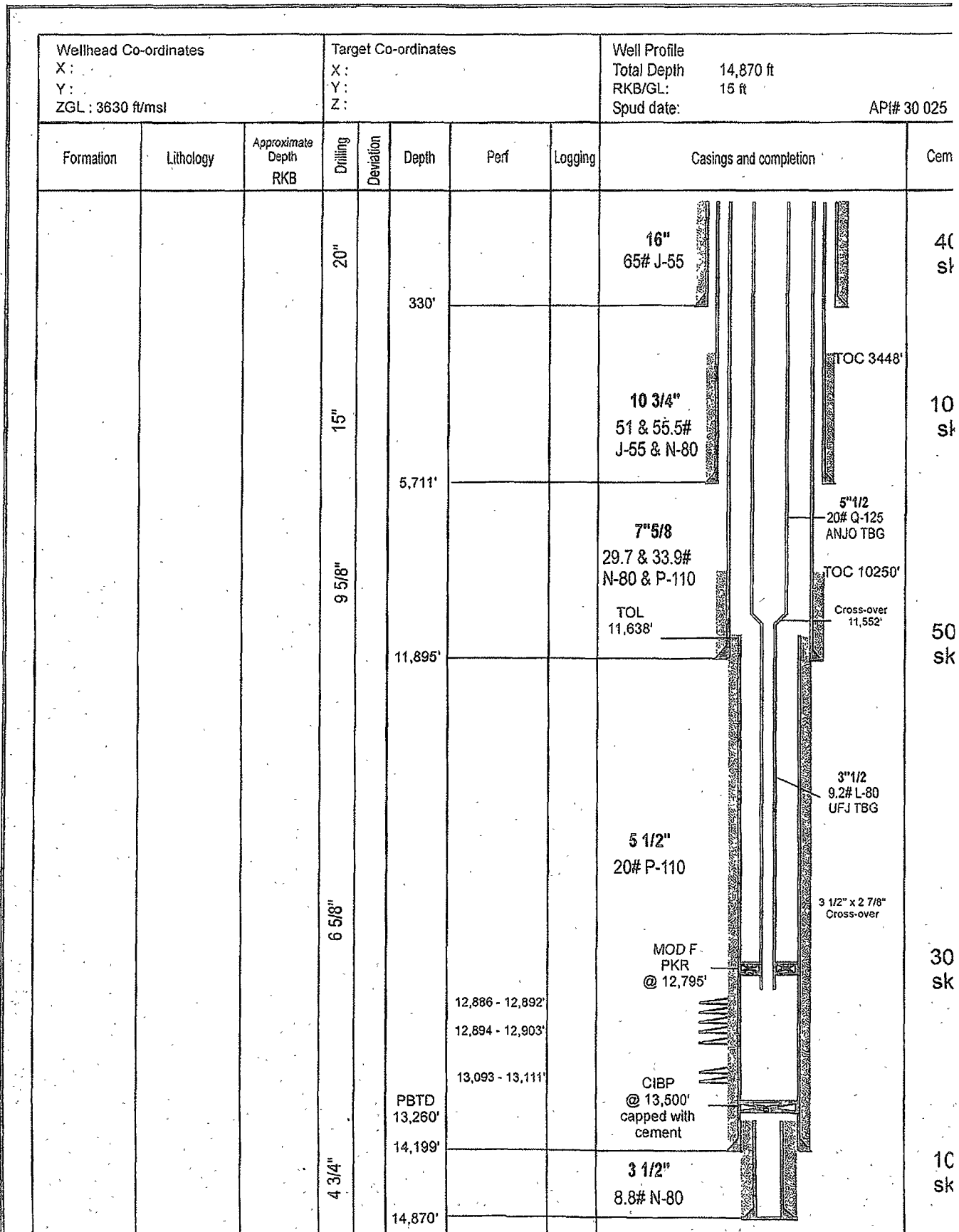
Shut well in while performing MIT, The first MIT is for PPI/Enstor information only.

1. Close master valve.
2. Record tubing and casing pressures.
3. Bleed down 7-5/8" X 5-1/2" annulus if necessary.
4. Bleed down 10-3/4" X 7-5/8" surface annulus and have valve open while testing.

ENSTOR
Gramma Ridge # 4
MIT Procedure

COPY
7/6/09

5. Rig up XXX pumping services with 4 hour 1,000 psi chart recorder to 7-5/8" X 5-1/2" annulus.
6. Fill annulus with double inhibited 6% KCL water, make sure all air bubbles are out of the system.
7. Pressure up on annulus to 500 psi and record for 30 minutes.
8. Notify PPI/Enstor with results.
9. Bleed pressure off annulus.
10. RDMO XXX pumping services.
11. Hand well back to operations.



Wildcat Measurement Service, Inc.

416 East Main Street
P.O. Box 1836
Artesia, New Mexico 88211
Office: (575)746-3481
Toll Free: 1-888-421-9453

Calibration Certificate

Company Name: Basic Energy _____

Recorder Type: 8" Pressure Recorder _____

Recorder Serial: # 8740 _____

Recorder Pressure Range: 0-1000# Accuracy +/- 0.2% PSIG

Temperature Range: _____ Deg F.

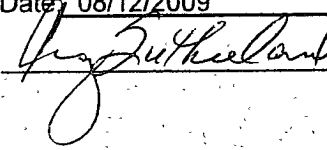
Increasing Pressure			Decreasing Pressure		
Applied Pressure	Indicated Pressure	Error%	Applied Pressure	Indicated Pressure	Error%
0.0#	0.0#	0	800#	800#	0
100#	100#	0	600#	600#	0
300#	300#	0	400#	400#	0
500#	500#	0	200#	200#	0
700#	700#	0	0.0#	0.0#	0
1000#	1000#	0			

Temperature Test		
Applied Temperature	Indicated Temperature	Error%

Certified Calibration Instrument Used
Gauge: Crystal _____
Deadweight: _____

Remarks: _____

Calibration Date: 08/12/2009

Technician:  Craig Sutherland