

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 August 1, 2011

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO: 30-025-21800
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD-558-A <b>HOBBS OCD</b>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator 06 SWD, LLC		6. State Oil & Gas Lease No. NM.434
3. Address of Operator P.O. Box 553, Lovington, NM 88260		7. Lease Name or Unit Agreement Name State AK SWD
4. Well Location Unit Letter <u>N</u> : <u>660</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>10</u> Township <u>11S</u> Range <u>33E</u> NMPM Lea County		8. Well Number 001
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4262' GL		9. OGRID Number 308397
		10. Pool name or Wildcat SWD;Strawn

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

<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 checked="" 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"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT TEST <input checked="" 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.

03/11/2015 Moved in rig up pulling unit, 2ft sub on top of string tubing to correct compression on packer. Packer is sitting at original

Operator, for future Reference - Contact OCD  
24 hours prior to pressure test, so that  
OCD may opt to witness / 3/18/2015 3/25/2015

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

SIGNATURE Beatrice Skaggs TITLE Office manager DATE 3/18/2015  
Type or print name Beatrice Skaggs E-mail address: patty7264@hotmail.com PHONE: 575 396 0008  
For State Use Only  
APPROVED BY: Julius Dickey TITLE COMPLIANCE OFFICER DATE 3/25/2015  
Conditions of Approval (if any):

MAR 26 2015

HOBBS OCD

MAR 18 2015

RECEIVED

