

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

RECEIVED CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
DEC 27 2010
HOBBSOCD

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.)		WELL API NO. 30-025-34593
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> SWD		5. Indicate Type of Lease - STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CHEYENNE WATER DISPOSAL SYSTEMS, LLC		6. State Oil & Gas Lease No. AO-1118
3. Address of Operator P. O. BOX 132, HOBBS, NM 88241		7. Lease Name or Unit Agreement Name GOODWIN STATE
4. Well Location Unit Letter D : 330 feet from the NORTH line and 330 feet from the WEST line Section 6 Township 19S Range 37E NMPM LEA County		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 269152
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat SWD;GB-SAN ANDRES DEL-BS
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: _____	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> PRESSURE INCREASE
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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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

OCD Administrative Order SWD-827-B authorized water injection into the wellbore. The order provides A wellhead pressure of no more than 870 psi. We applied for a pressure increase and received approval by Administrative Order IPI-384 to utilize up to 1315 psi maximum surface injection.

We request permission to increase the pressure to the maximum 1315 psi.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE Debbie McKelvey TITLE AGENT DATE 12/23/2010
 Type or print name Debbie McKelvey E-mail address: _____ Telephone No. 505-392-3575
 For State Use Only

APPROVED BY: [Signature] TITLE DISTRICT 1 SUPERVISOR DATE DEC 28 2010