

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  
CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505  
RECEIVED  
MAY 22 2014

Form C-103  
Revised July 18, 2013

WELL API NO. <b>30-005-20809</b>
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 <b>GRIFFIN</b>
8. Well Number <b>4</b>
9. OGRID Number <b>210091</b>
10. Pool name or Wildcat <b>SWD SAN ANDRES</b>

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other - <b>SWD</b>	
2. Name of Operator <b>DKD, LLC</b>	
3. Address of Operator <b>P.O. BOX 682 TATUM, NM 88267</b>	
4. Well Location Unit Letter <b>A</b> : <b>660</b> feet from the <b>NORTH</b> line and <b>660</b> feet from the <b>EAST</b> line Section <b>10</b> Township <b>8S</b> Range <b>32E</b> NMPM County <b>CHAVES</b>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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

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 type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <b>ULIC REQUIRED TEST</b> <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.

**ULIC - REQUIRED MIT**

**SEE ATTACHED CHART**  
**START 560'**  
**FINAL 530'**  
**TIME 33 min**

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 **PRES.** DATE **5/21/2014**  
Type or print name **DANNY WATSON** E-mail address: \_\_\_\_\_ PHONE: **575-398-3464**  
**For State Use Only**  
APPROVED BY: **Bill Senawick** TITLE **Staff Manager** DATE **5/23/2014**  
Conditions of Approval (if any): \_\_\_\_\_

MAY 27 2014