

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 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		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>33 E</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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER:		OTHER: replace packer <input 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.

1. move in rig up pulling unit, unset packer and pull tubing
2. run bit and no perforations **ADDED** **OK**
3. replaced packer and re run tubing, set packer at 9,129 ft, circulate packer fluid
4. rig down pulling unit, acidize with 2000 gallons of acid
5. Notified OCD 24 hours prior to running MIT
6. Pressure test GOOD
7. Return well to injection

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 Beatrice Skaggs TITLE Office manager DATE 10/31/14

Type or print name Beatrice Skaggs E-mail address: acd@acd.oilfieldservices.com PHONE: 575 390 8891

For State Use Only  
APPROVED BY: Mary Brown TITLE Dist Supervisor DATE 11/2/2016  
Conditions of Approval (if any):

Chart - RBDMS - ✓



HOBBS OCD  
NOV 02 2016  
RECEIVED

Graphic Controls  
(6.375 ARC LINE GRAD.)

Calibration Date  
DATE 4/28/16  
MCI P0-1000-B-1HR

DL SWD, LLC  
State AK SWD  
10/16/2016  
10:30AM

30-025-21800  
N 10-115-33E

370#