

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

HOBBS OCD

MAY 09 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. <b>30-025-34593</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. AO-1118
7. Lease Name or Unit Agreement Name <b>GOODWIN STATE</b>
8. Well Number <b>1</b>
9. OGRID Number <b>269152</b>
10. Pool name or Wildcat <b>SWD;GB-SAN ANDRES DEL-BS</b>

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 **✓**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Pit or Below-grade Tank Application ☐ or Closure ☐

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 ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☒ Replace Packer

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER:

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

1. POOH with tubing and pkr.
2. RIH with all new pkr.
3. Displace annulus with pkr. fluid, and set pkr. within 100' of top perf.
4. Notify OCD 24 hrs. prior to running MIT.
5. Pressure test.
6. Return well to injection.

NOTIFY OCD 24 HRS PRIOR TO BEGINNING  
WELL WORK.  
SUBMIT WELL BORE DIAGRAM W/C-103  
SUBSEQUENT.

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 5/9/13  
Type or print name Debbie McKelvey E-mail address: \_\_\_\_\_ Telephone No. 505-392-3575

For State Use Only

APPROVED BY: Maureen Brown TITLE Compliance Officer DATE 5/10/2013

MAY 10 2013