Submit 1 Copy To Appropriate District Office	State of New Me	exico		Form C-103
District 1 (636) 202 (161	Energy, Minerals and Natu	ıral Resources		Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			WELL API NO. 30-025-03842	
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION			5. Indicate Type of Le	ase
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 874H0N 1 0 2013 1220 South St. Francis Dr. Santa Fe. NM 87505			STATE 🛛 🗸	FEE
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505			6. State Oil & Gas Lea B-1553	ase No.
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Uni	t Agreement Name
(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.)			State E	
1. Type of Well: Oil Well Gas Well Other			8. Well Number 17	
2. Name of Operator Really Swith SWD Systems, Inc.			9. OGRID Number	270801
Rocky Smith SWD Systems, Inc. 3. Address of Operator			10. Pool name or Wild	lcat
1515 Wazee Street, Suite 350 Denver CO 80202			Lovington Queen	
4. Well Location				
Unit Letter F, 1650 feet fr	om the N line and 2	310 feet from th	e W line	
Section 1		Range 36E	NMPM	County Lea
· make the same of	Elevation (Show whether DR	, RKB, RT, GR, etc	2.)	, 5
12. Check Appro	priate Box to Indicate N	ature of Notice	, Report or Other Data	a
NOTICE OF INTEN	TION TO:	SUE	BSEQUENT REPOR	ST UE:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
				ND A
 -	TIPLE COMPL	CASING/CEMEN	NT JOB	
DOWNHOLE COMMINGLE				
OTHER: Extension to Letter of Violation		OTHER:		
13. Describe proposed or completed of				
of starting any proposed work). Sproposed completion or recomple		2. For Muniple Co	impletions. Attach wellbo	ne diagram of
Company has completed a geological stud				
conversion to injection for the Rocky Smit extension to the 6/10/2013 Corrective Acti				
evaluation for the possibility of returning t				ore an engineering
	्. अ	1	111/2013	
	REAL		o/11/2013 extension den MSSraw	` ^
			xtension den	. لطف
			mission	n)
	15.		1, 2,	
Spud Date:	Rig Release Da	ate:		
I hereby certify that the information above	is true and complete to the be	est of my knowledg	ge and belief.	
/	14	~· ,	1 1	
Type or print name frene Truji	W TITLE Eng	viering -	LechDATE_	6/5/2013
Time or print name loss	//		Person of the Direction	
For State Use Only	E-mail address	. Irancesmi	XCS, COM PHONE	
APPROVED BY: Conditions of Approval (if any):	TITLE		DATE	
Conditions of Approval (if ally).			JUN)	1 1 2013