

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

Form C-103  
Revised July 18, 2013

HOBBS OCD

AUG 19 2013

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

WELL API NO. <u>30-025-03842</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <u>B-1553</u>
7. Lease Name or Unit Agreement Name <u>STATE 'E'</u>
8. Well Number <u>17</u>
9. OGRID Number <u>270801</u>
10. Pool name or Wildcat <u>LOUINGTON - QUEEN</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 ☒ Gas Well ☐ Other ☐

2. Name of Operator  
ROCKY SMITH SWD SYSTEMS, INC

3. Address of Operator  
1515 WAZEE, SUITE 350, DENVER CO. 80202

4. Well Location  
Unit Letter F : 1650 feet from the N line and 2310 feet from the W line  
Section 1 Township 17S Range 36E NMPM County LEA

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 ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

THE CORRECT SIGNAGE HAS BEEN PLACED ON LOCATION  
AND THE OLDER SIGNS HAVE BEEN REMOVED

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

Roy E. Johnson

TITLE

Consultant

DATE

8/16/2013

Type or print name

ROY E. JOHNSON

E-mail address:

PHONE:

505-699-5741

For State Use Only

Accepted for Record Only MSP/8/29/2013

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

AUG 29 2013