

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

WELL API NO.
30-025-21800

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
NM 434

7. Lease Name or Unit Agreement Name

State AK SWD

8. Well Number 001

9. OGRID Number
308397

10. Pool name or Wildcat
SWD: Strawn

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 SWD-558-A

2. Name of Operator
06 SWD, LLC

3. Address of Operator
P.O. Box 553 Lovington NM 88260

4. Well Location

Unit Letter N : 660 feet from the South line and 1980 feet from the west line
Section 10 Township 11S Range 33E NMPM lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4262 GL

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: perform work over ☒

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.

1. POOH with tubing and packer
2. replace packer or tubing with leak *within*
3. displace annulus with packer fluid and set packer *within* 100' of top perf
4. Notify OCD 24 hrs prior to running MIT
5. pressure test
6. 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 10/8/15
Type or print name Beatrice Skaggs E-mail address: andrad@oilfieldservices.com PHONE: 575 3908591
575 3960008

APPROVED BY: Sil Semanuel TITLE Staff Manager DATE 10/16/15
Conditions of Approval (if any):

OCT 20 2015