

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) 334-6177
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

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

| | |
|----------------------------------------------------|------------------------------------------------------------------------|
| WELL API NO. | 30-025-21800 |
| 5. Indicate Type of Lease | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 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 |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | 4262 GL |

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 Ole SWD, LLC

3. Address of Operator P.O. Box 553, Louington NM 88262

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

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: Return injection ☒

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. moved in pulling unit and pulled tubing
2. Replaced 285 joints of 2 7/8 tubing
3. Notified OCD of MIT 24 hour notice
4. tested good see chart
5. Return well to injection 6/7/2016

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

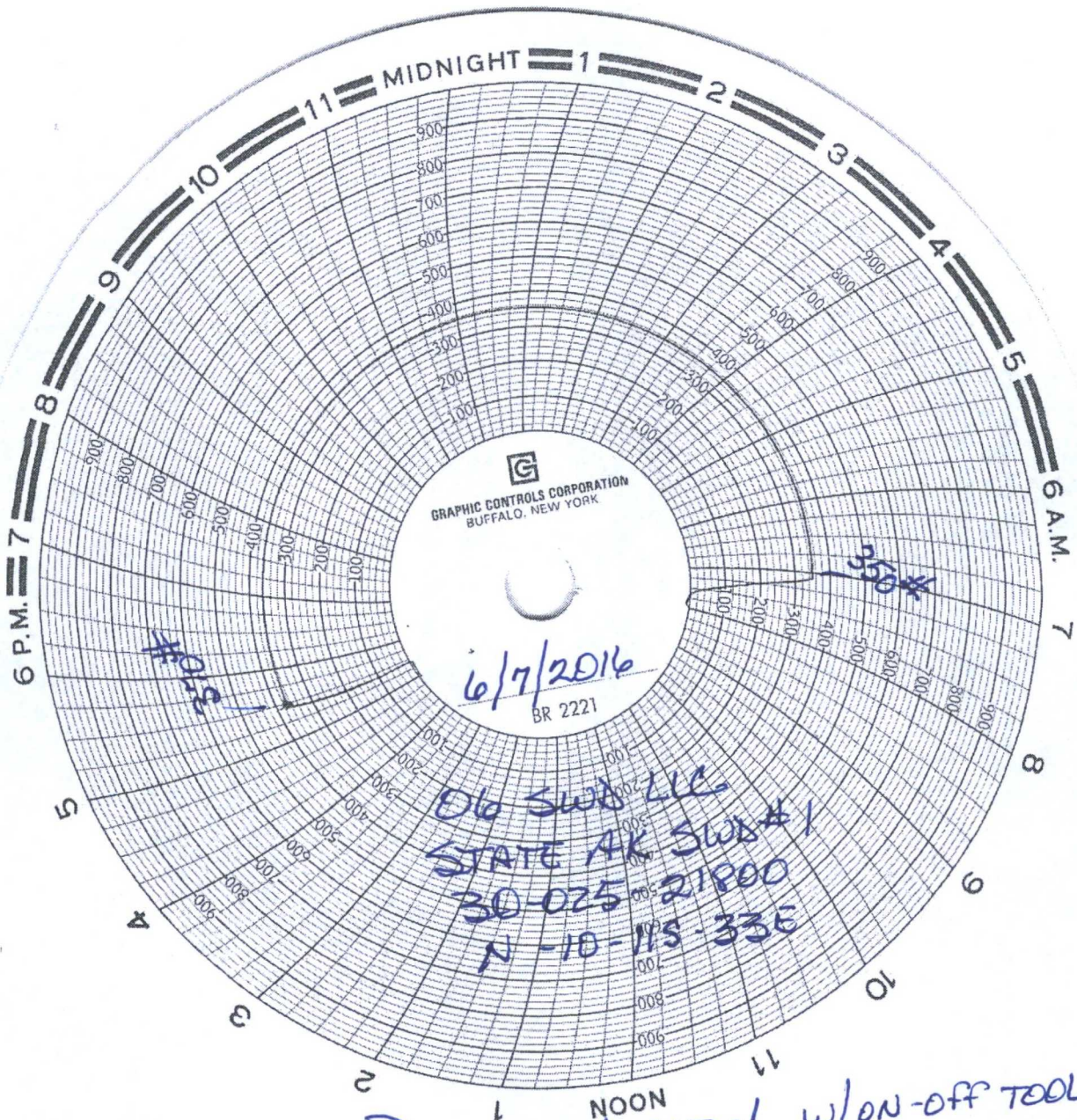
SIGNATURE: Beatrice Skaggs TITLE: Office manager DATE: 6/8/16

Type or print name: Beatrice Skaggs E-mail address: acd@acd.oilfieldservices.com PHONE: 575 390 8591

For State Use Only: APPROVED BY: Mafey Brown TITLE: Dist Supervisor DATE: 6/8/2016

Conditions of Approval (if any):

MB



Packer Set 9129' w/on-off tool
APPROVED BY LETTER DATED 10/27/2015
SIGNED BY DIRECTOR CATANACH