

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

**HOBBS OCD**  
**OCT 11 2016**  
**RECEIVED**

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-21800
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD-558-A		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator 06 SWD, LLC		6. State Oil & Gas Lease No. NM 434
3. Address of Operator P.O. Box 553 Lovington, NM 88260		7. Lease Name or Unit Agreement Name State AK SWD
4. Well Location Unit Letter <u>N</u> : <u>660</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>10</u> Township <u>11S</u> Range <u>NMPM</u> Lea <u>County</u>		8. Well Number 001
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4262 GL		9. OGRID Number 308397
		10. Pool name or Wildcat SWD: Strawn

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <u>perforate</u>	<input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>	

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. move in rig up pulling unit, unset packer and pull tubing
2. run bit and tubing to clean perforations
3. rig up wireline perforate approximately 40 holes at 9,500-10,151 ft
4. re run packer and tubing, set packer within 100 ft of 9,129 ft, circulate packer fluid
5. rig down pulling unit, acidize with 2000 gallons of acid
6. Notify OCD 24 hours prior to running MIT
7. Pressure test
8. Return well to injection

**PACKER SETTING**  
**DEPTH - NO HIGHER**  
**THAN 9082'**  
**10/27/2016**  
**EXCEPTION LETTER.**

**Condition of Approval: notify**

**OCD Hobbs office 24 hours**

**prior of running MIT Test & Chart**

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 10/11/16  
Type or print name Beatrice Skaggs E-mail address: acd@acd.oilfield PHONE: 575 390 8591  
**For State Use Only** Mary Brown TITLE Dist. Supervisor DATE 10/12/2016  
APPROVED BY: Mary Brown TITLE Dist. Supervisor DATE 10/12/2016  
Conditions of Approval (if any):

MB