

Submit a 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

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.)		WELL API NO. 30-025-26883
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Brine Well		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Wasserhund, Inc		6. State Oil & Gas Lease No. <b>25-26883</b>
3. Address of Operator P.O. Box 2140, Lovington, NM 88260		7. Lease Name or Unit Agreement Name Eidson Brine Station, BW-004
4. Well Location Unit Letter <u>M</u> 567 feet from the <b>South</b> line and 161 feet from the <b>West</b> line Section 31 Township 16S Range 35E NMPM County Lea		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 130851
		10. Pool name or Wildcat Salado-Salt

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" 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: <input 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.

Light Brine- possible fresh water leak in tubing- Will Pull tubing inspect and repair. Will run MIT 500 psig for 30 min on casing.

Subsequent report will follow.

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 W P Price TITLE Consultant

DATE Feb 10, 2022

Type or print name Wayne Price E-mail address: [wayneprice@q.com](mailto:wayneprice@q.com) PHONE: 505-715-2809

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

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 June 19, 2008

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11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 8426
10. Pool name or Wildcat		

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

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Move in Well Service Unit & Rig up, Casing has been tested from 1738 feet to Surface & Witnessed by OCD.

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

SIGNATURE Larry Gandy TITLE Secretary/Treasurer DATE 08/27/2008

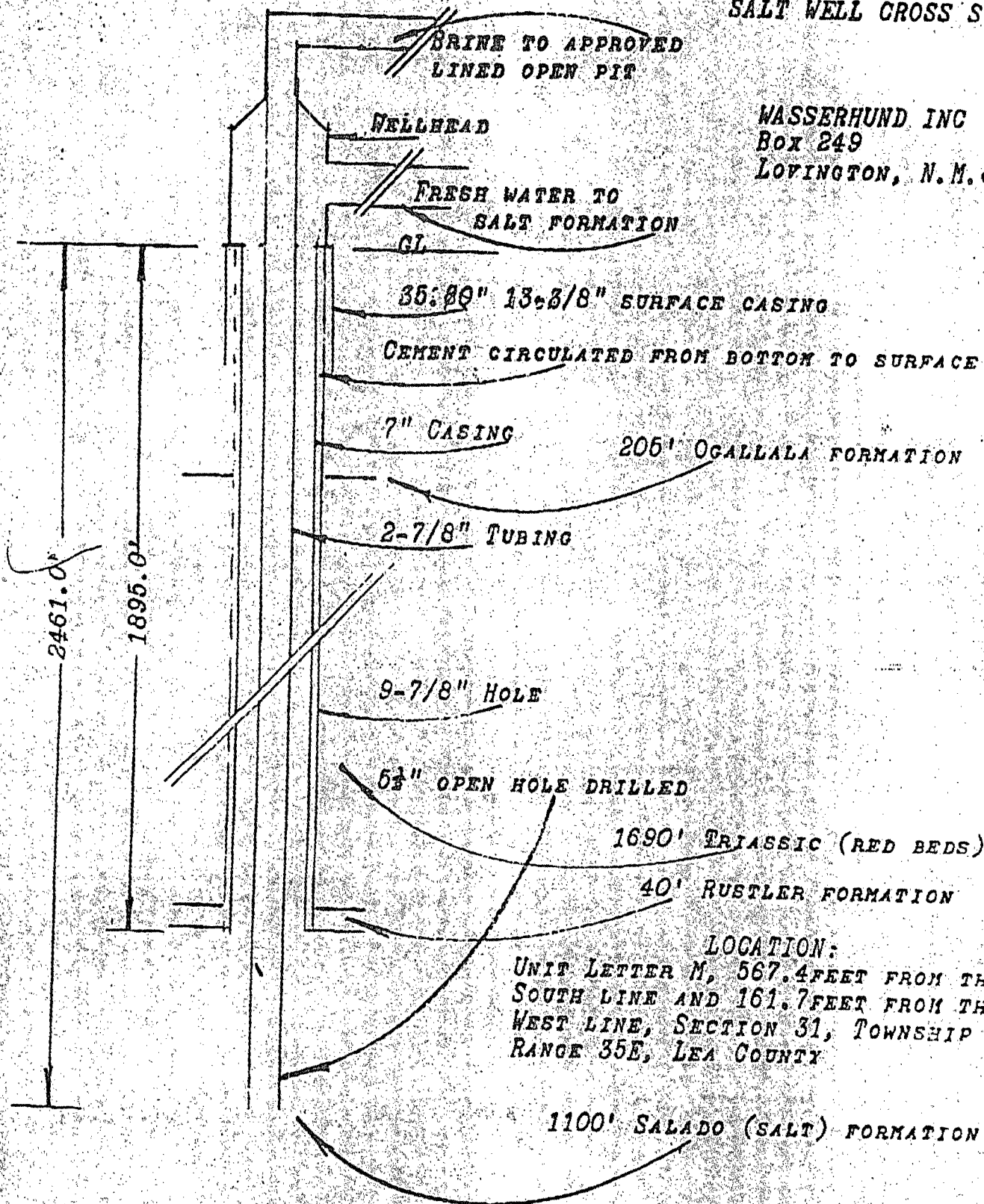
Type or print name: Larry Gandy E-mail address: PHONE: 575-396-0522  
 For State Use Only

APPROVED BY: Carl Chavez for Wayne Price TITLE Bureau Chief DATE 10/6/2008  
 Conditions of Approval (if any):

## Exhibit 7

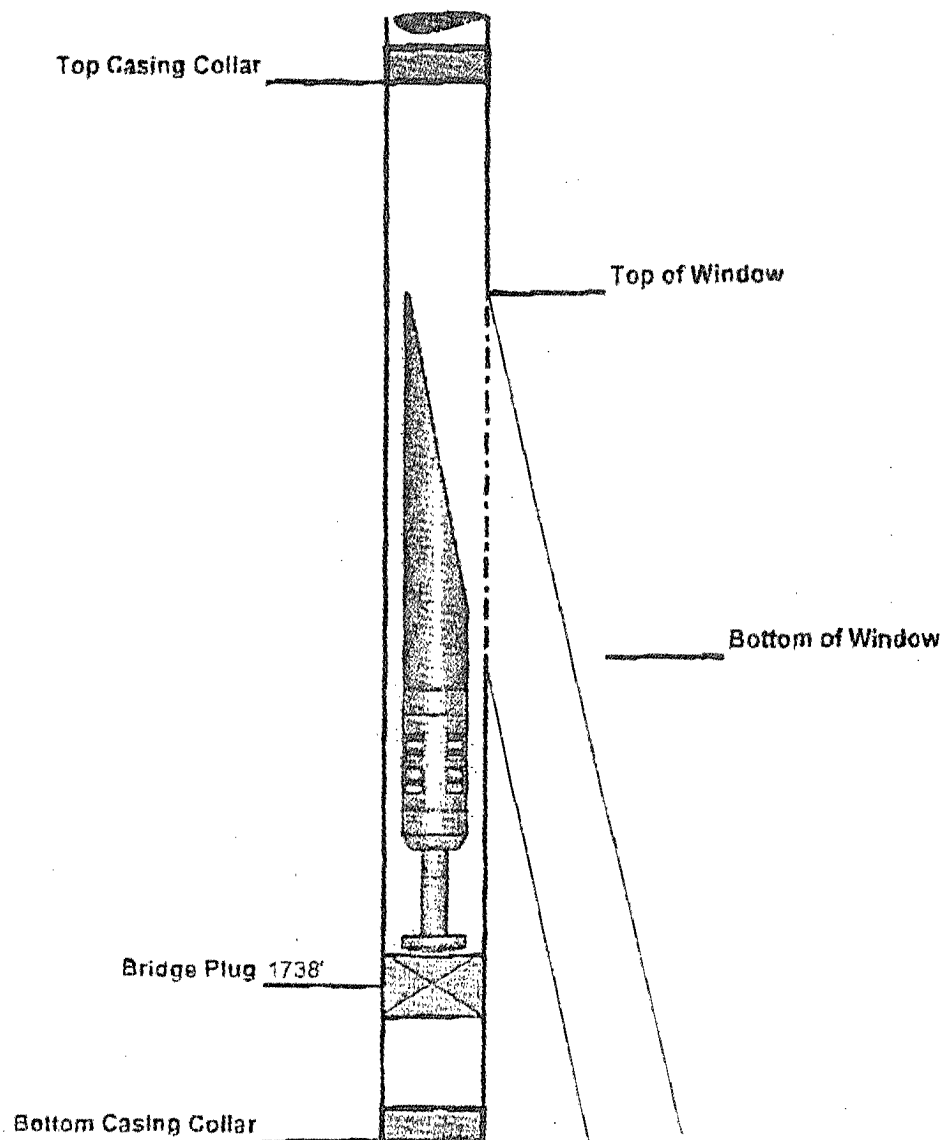
## SALT WELL CROSS SECTION

WASSERHUND INC  
Box 249  
LOVINGTON, N.M. 88260



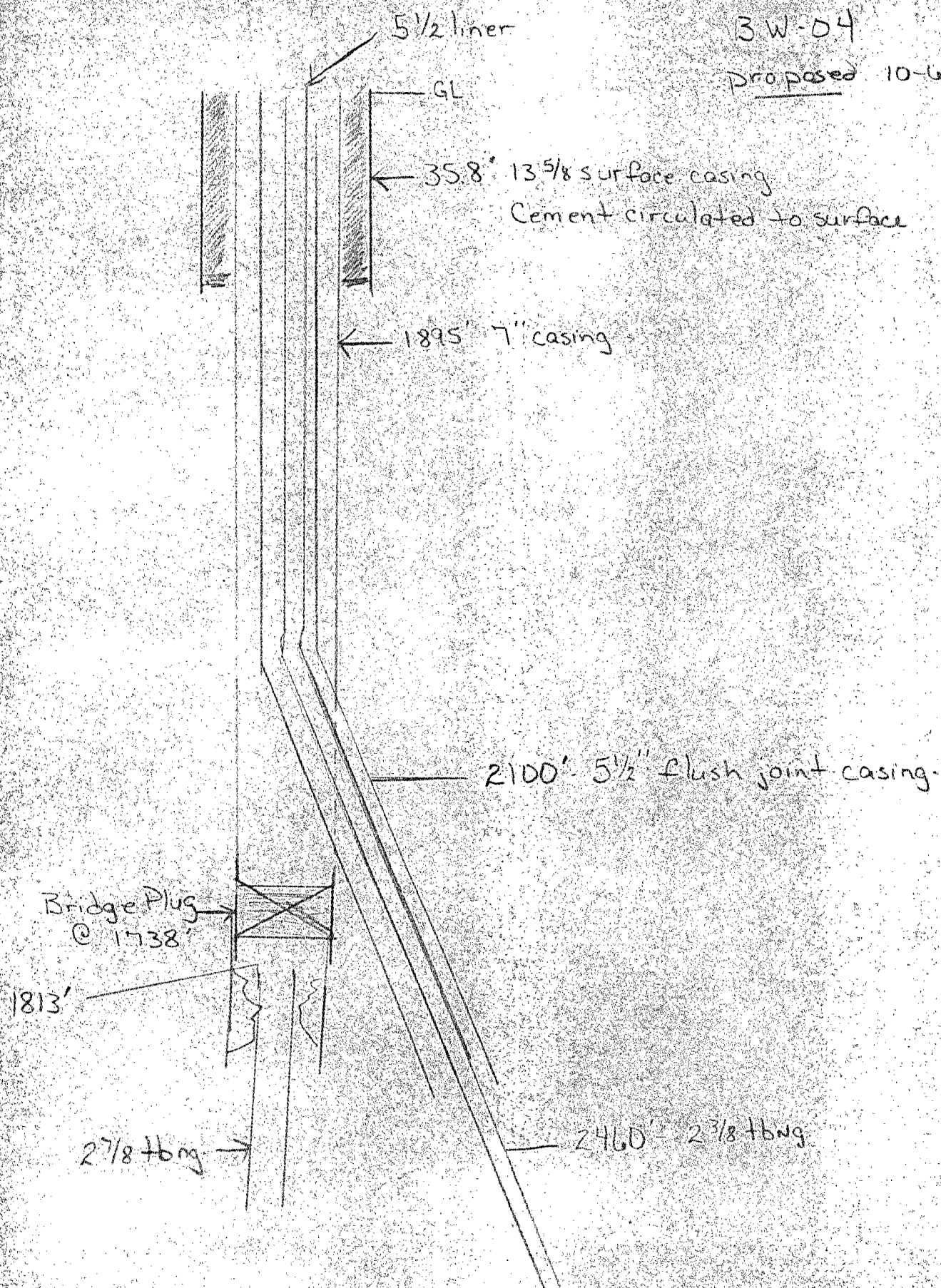
Date: 9/3/2008  
Customer: Gandy Corporation  
Cust. Rep. Larry Gandy/Jr. Bennett  
Lease Name: Edsin Brinn Station  
Well Number: 0

County: Lea  
State: New Mexico





Gandy Corporation  
Edison Brine Stat 1  
3W-04  
Proposed 10-6-08



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DATE Feb 10, 2022

Type or print name Wayne Price E-mail address: [wayneprice@q.com](mailto:wayneprice@q.com)

PHONE: 505-715-2809

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 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
 PULL OR ALTER CASING ☒ MULTIPLE COMPL ☐  
 DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
 COMMENCE DRILLING OPNS. ☐ P AND A ☐  
 CASING/CEMENT JOB ☐

OTHER: ☐

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SIGNATURE

*Larry Gandy*

TITLE Secretary/Treasurer

DATE 08/27/2008

Type or print name: Larry Gandy

E-mail address:

PHONE: 575-396-0522

For State Use Only

APPROVED BY:

*Carl Chavez for Wayne Price*

TITLE Bureau Chief

DATE 10/6/2008

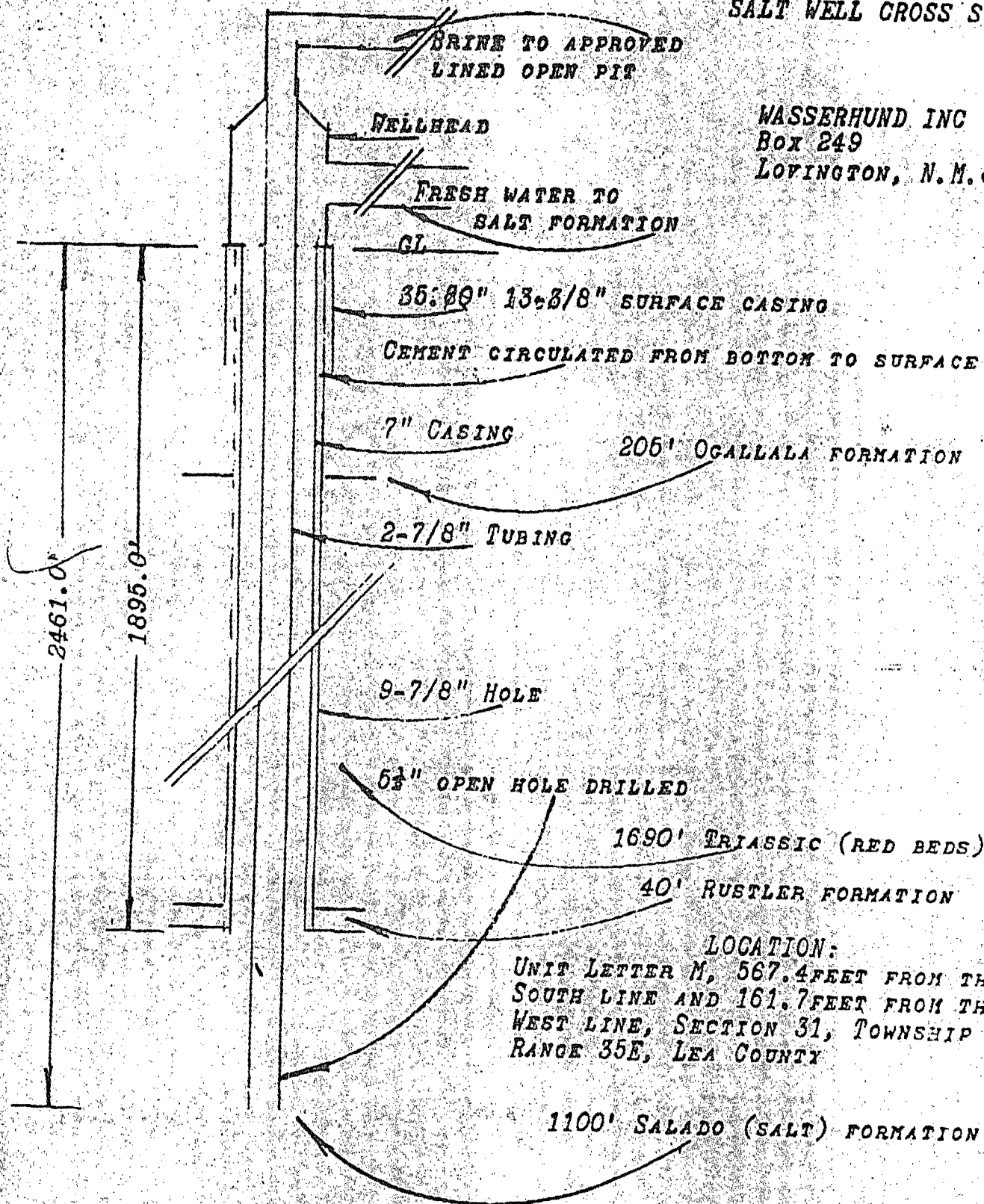
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## Exhibit 7

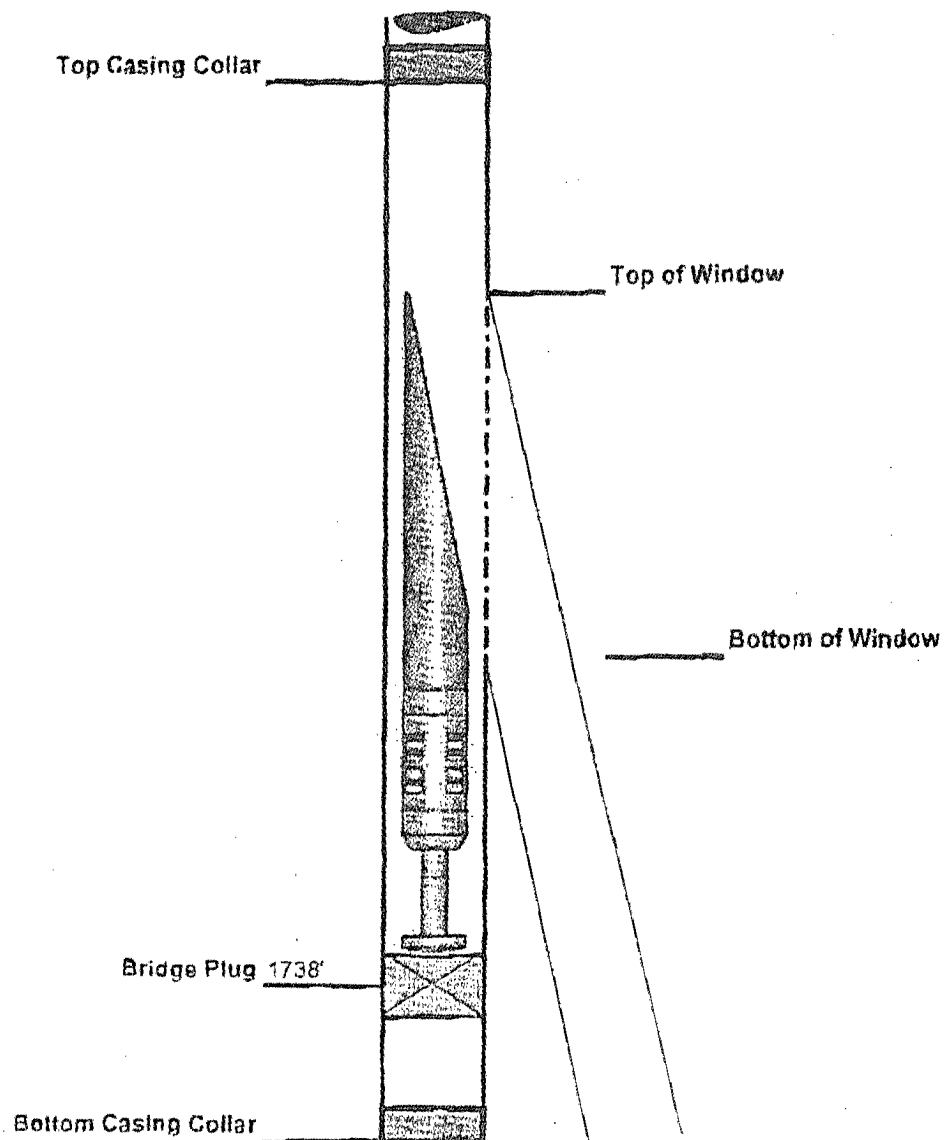
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WASSERHUND INC  
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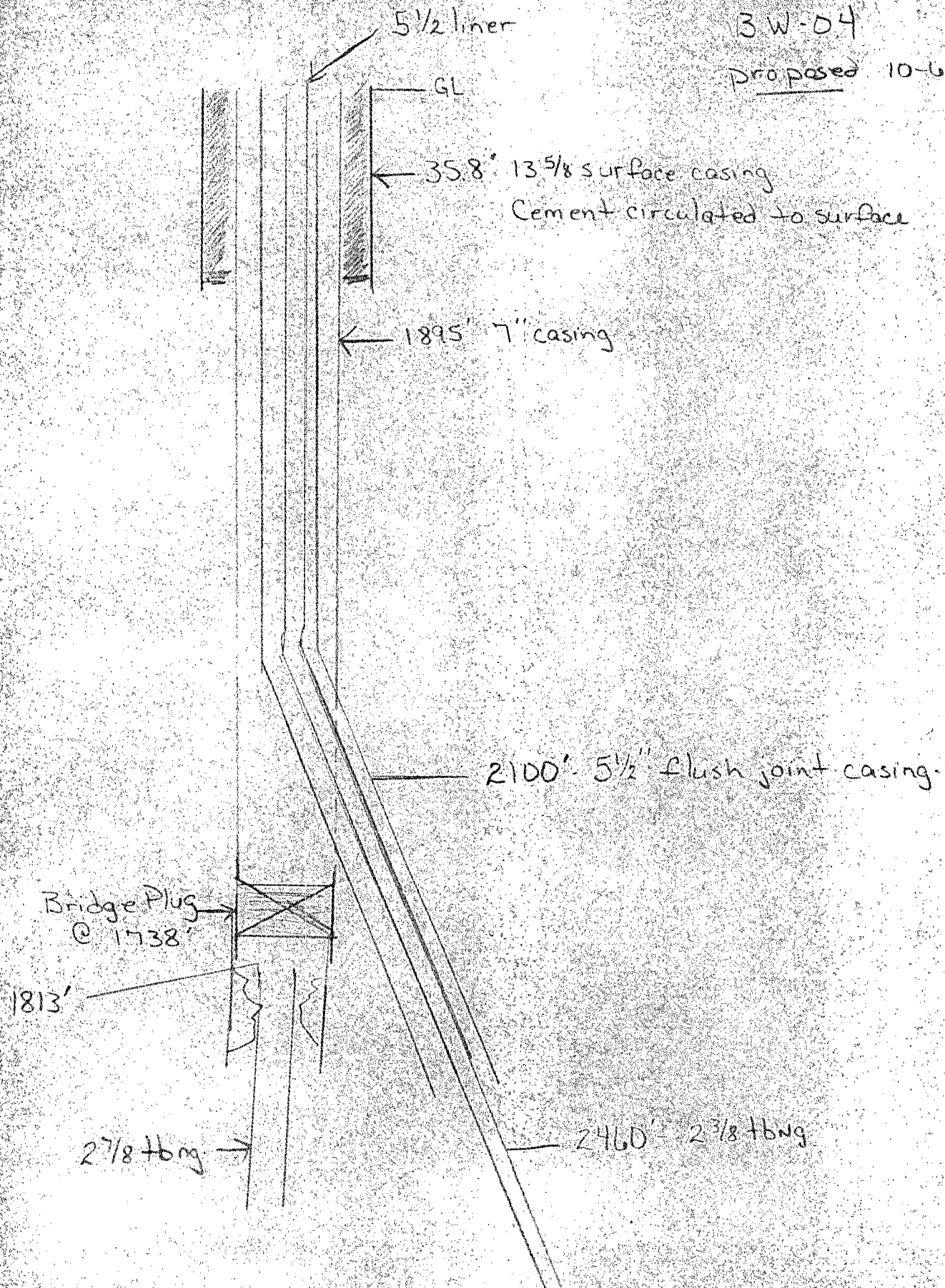


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Well Number: 0

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State: New Mexico



Gandy Corporation  
Edison Brine Stat 1  
BW-04  
Proposed 10-6-08





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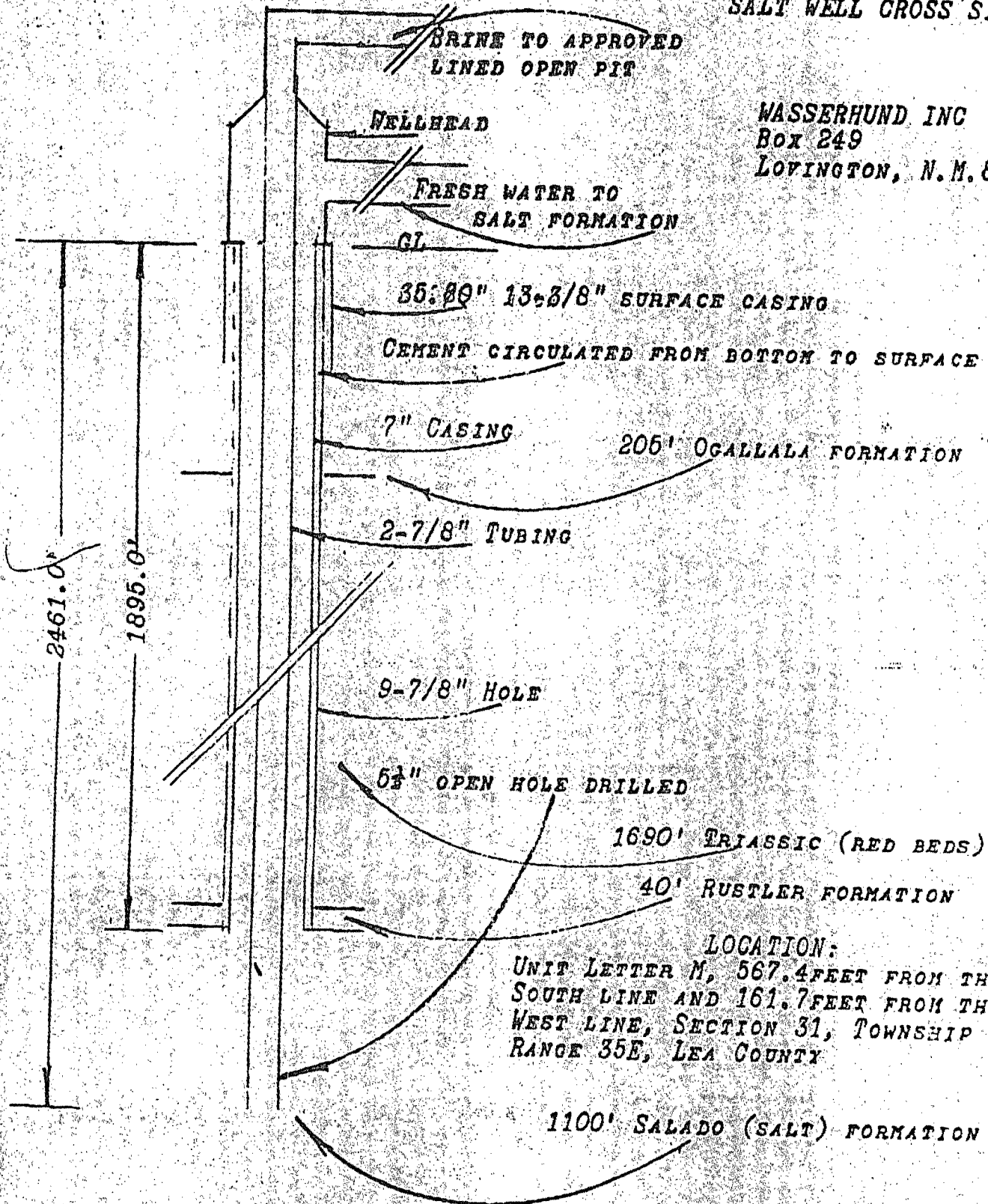
APPROVED BY: Carl Chavez for Wayne Price TITLE Bureau Chief DATE 10/6/2008  
 Conditions of Approval (if any):



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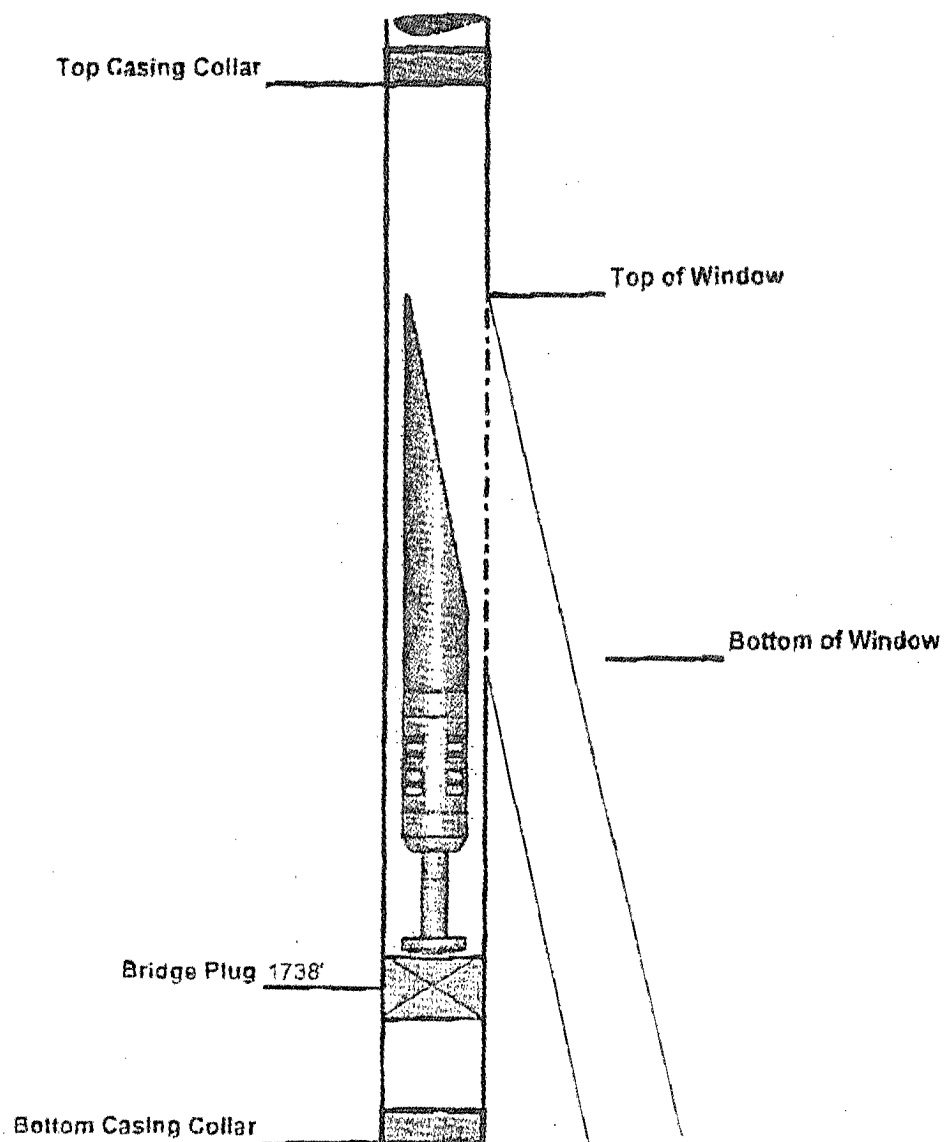
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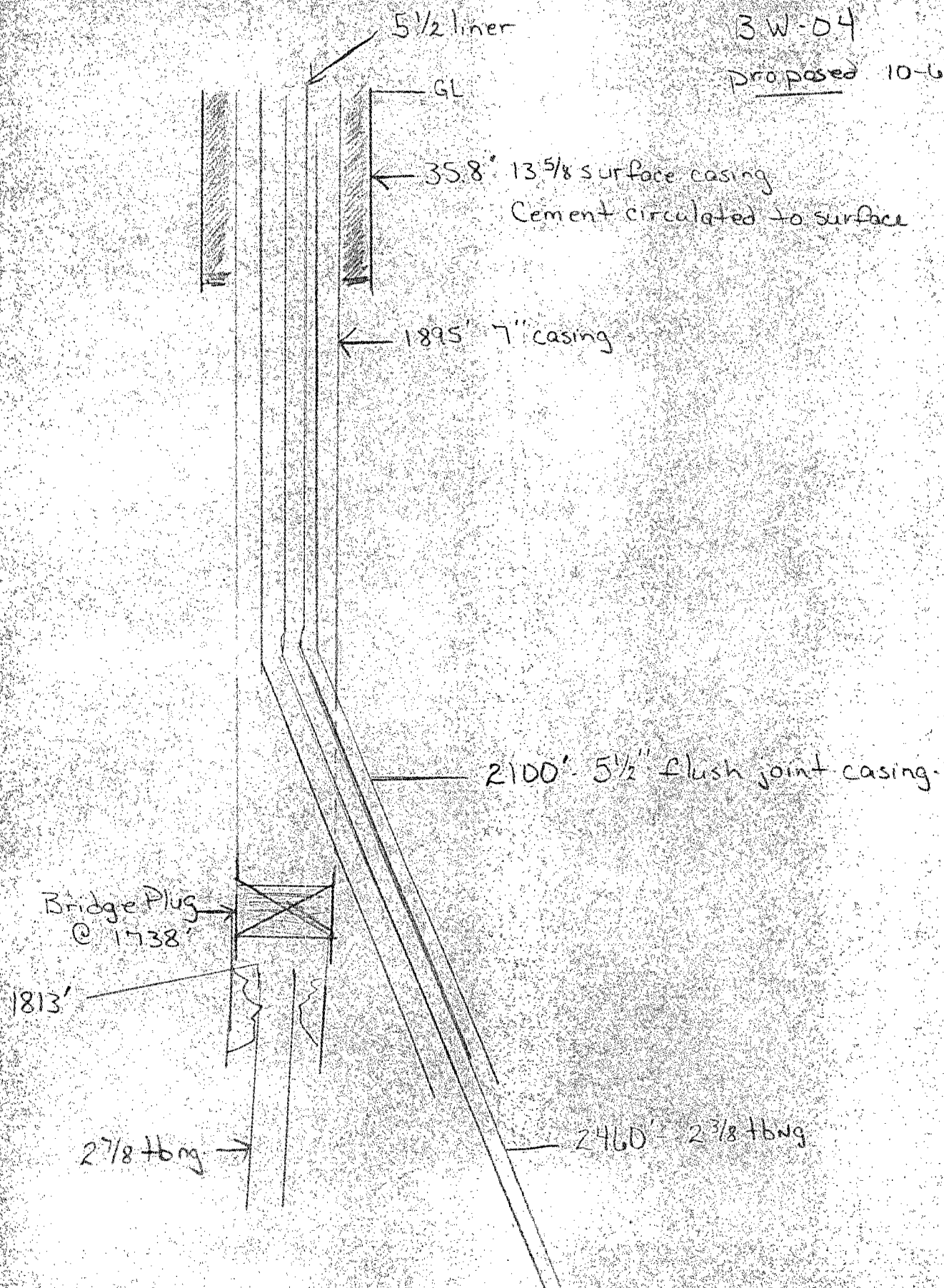


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Gandy Corporation  
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**1220 S. St Francis Dr.**  
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COMMENTS  
  
Action 81292

COMMENTS

Operator: WASSERHUND INC P.O. Box 2140 Lovington, NM 88260	OGRID: 130851
	Action Number: 81292
	Action Type: [C-103] NOI Workover (C-103G)

COMMENTS

Created By	Comment	Comment Date
cchavez	Well workover to investigate and identify leak in well (suspected tubing leak).	2/16/2022



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CONDITIONS

Action 81292

**CONDITIONS**

Operator: WASSERHUND INC P.O. Box 2140 Lovington, NM 88260	OGRID: 130851
	Action Number: 81292
	Action Type: [C-103] NOI Workover (C-103G)

**CONDITIONS**

Created By	Condition	Condition Date
cchavez	Conditions of Approval: 1) Submit final form(s) with well work details and well diagram after completion of work. 2) Contact Gary Robinson for date and time to witness MIT subsequent to well work.	2/16/2022