

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

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

WELL API NO. <b>30-025-07713</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. <b>322728</b>
7. Lease Name or Unit Agreement Name <b>A N ETZ</b>
8. Well Number <b>#001</b>
9. OGRID Number <b>373626</b>
10. Pool name or Wildcat <b>SWD; SAN ANDRES</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3599' GL</b>

**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**

2. Name of Operator  
**Permian Water Solutions**

3. Address of Operator  
**PO BOX 2106, MIDLAND, TX 79702**

4. Well Location  
Unit Letter **P** : **660** feet from the **South** line and **660** feet from the **EAST** line  
Section **26** Township **T-19S** Range **R-38E** 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.

**Please packer pull tubing & packer to inspect. Run back in hole replacing Tubbing as needed & shop packer. Start work when work over rig becomes available. Next 2 weeks**

Signature Date:

Rig Release Date:

**Condition of Approval: notify  
OCD Hobbs office 24 hours  
prior of running MIT Test & Chart**

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

SIGNATURE **Ashley N. Blott** TITLE **Consultant** DATE **1/10/2023**  
Type or print name **Ashley N. Blott** E-mail address: **CANSWD1@outlook.com** PHONE: **432-234-8421**  
For State Use Only

APPROVED BY: **Kerry Fortner** TITLE **Compliance Officer A** DATE **1/18/23**  
Conditions of Approval

**District I**  
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Phone:(505) 476-3470 Fax:(505) 476-3462

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CONDITIONS

Action 174838

CONDITIONS

Operator: Permian Water Solutions, LLC PO Box 2106 Midland, TX 79702	OGRID: 373626
	Action Number: 174838
	Action Type: [C-103] NOI Workover (C-103G)

CONDITIONS

Created By	Condition	Condition Date
kfortner	Run PWOT MIT/BHT	1/18/2023