

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

HOBBS OIL CONSERVATION DIVISION
 NOV 02 2016 RECEIVED
 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
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 33 E NMPM Lea County

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:		OTHER: replace packer <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 no perforations **ADDED** OK
3. replaced packer and re run tubing, set packer at 9,129 ft, circulate packer fluid
4. rig down pulling unit, acidize with 2000 gallons of acid
5. Notified OCD 24 hours prior to running MIT
6. Pressure test GOOD
7. 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 Skagg TITLE Office manager DATE 10/31/16

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

APPROVED BY: Mary Brown TITLE Dist Supervisor DATE 11/2/2016

Conditions of Approval (if any):

Chart - RBDMS - ✓

HOBBS OCD
MAY 02 2016
RECEIVED

Graphic Controls
(6.375 ARC LINE GRAD.)

Calibration Date
DATE 4/28/16
MCI PD-1000-B-1HR

DL SWD, LLC
State AK SWD
10/16/2016
10:30AM

30-25-21800
N 10-115-33E

#023
1
370#