

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
NOV 21 2014
CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
RECEIVED

Form C-103
Revised August 1, 2011

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	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> 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 <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>33E</u> NMPM <u>Lea</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4262' GL	

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 ☐

SUBSEQUENT REPORT OF:

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

OTHER: commence injection X 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.

Record only

11/08/2014 injected 260 bbls .8 bbls a minute put on vacuum at -5

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

SIGNATURE Beatrice J. J. TITLE Office manager DATE 11/10/14
Type or print name Beatrice J. J. E-mail address: patty7264@hotmail.com PHONE: 505 396 0008
505 704 9417
APPROVED BY: B. J. J. TITLE Staff Manager DATE 12/10/2014
Conditions of Approval (if any):

SWD-558-A

DEC 16 2014