

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-015-23580
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.

<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.)	
Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER SWD <input checked="" type="checkbox"/>	Lease Name or Unit Agreement Name Ann SWD
Name of Operator FDW, Inc.	Well No. 1
Address of Operator 3300 N A St., Bldg 2, Suite 120, Midland, TX 79705	Pool name or Wildcat SWD - Cisco/Canyon
Well Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line Section 18 Township 19S Range 26E NMPM Eddy County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3422' GR	

11

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

### NOTICE OF INTENTION TO:

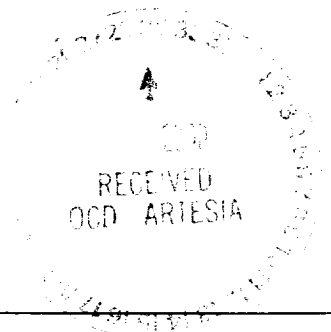
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Request Monitor Status ☒

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

FWD, Inc. repaired leak in tubing. Pressure test at casing. Casing will hold 150# very slight high pressure leak in casing at 4352'. Casing will hold 150#. The casing pressure will be monitor every month by the NMOC and FDW, Inc.



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

SIGNATURE

*Kim Stewart*

TITLE Regulatory Analyst

DATE 09-27-00

TYPE OR PRINT NAME Kim Stewart

TELEPHONE NO. 915/686-8235

(This space for State Use)

APPROVED BY

*Mike Stowell*

TITLE

*Feld R. E.*

DATE

*10/2/2000*

CONDITIONS OF APPROVAL, IF ANY: