

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

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. 30-025-34197
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator DKD, LLC		6. State Oil & Gas Lease No. 29221
3. Address of Operator PO Box 682, Tatum, NM 88267		7. Lease Name or Unit Agreement Name Watson 6
4. Well Location Unit Letter 2857 : _____ feet from the S _____ line and 1417 feet from the W _____ line Section 6 Township 16 Range 36 NMPM County Lea		8. Well Number #001
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3957		9. OGRID Number 210091
		10. Pool name or Wildcat Upper Permo Penn

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: Post-workover MIT test ☒

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.

5/12/2023: Ran post-workover MIT test for OCD.

Ran test for 32 minutes. Starting pressure was 550 lbs and ending pressure was 540 lbs.

Signed/witnessed chart is attached.

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 Regina Watson TITLE Owner DATE 5/12/2023

Type or print name Regina Watson E-mail address: dkddisposals@gmail.com PHONE: (575) 398-3490

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 5/12/23
 Conditions of Approval (if any):

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1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator DKD, LLC		6. State Oil & Gas Lease No. 29221
3. Address of Operator PO Box 682, Tatum, NM 88267		7. Lease Name or Unit Agreement Name Watson 6
4. Well Location Unit Letter <u>2857</u> : _____ feet from the <u>S</u> line and <u>1417</u> feet from the <u>W</u> line Section <u>6</u> Township <u>16</u> Range <u>36</u> NMPM County <u>Lea</u>		8. Well Number #001
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3957		9. OGRID Number 210091
10. Pool name or Wildcat Upper Permo Penn		

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.

4/3/23: Ran OCD-required MIT test. Well did not load. Well on vacuum. Well/disposal is shutdown.

Plan on pulling well on 4/10/23 or as soon as a pulling unit is available.

Will call Kerry Fortner (OCD) with progress report next week.

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 Regina Watson TITLE Owner DATE 4/5/2023

Type or print name Regina Watson E-mail address: dkddisposals@gmail.com PHONE: (575) 398-3490

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

Form C-103 – Work Plan

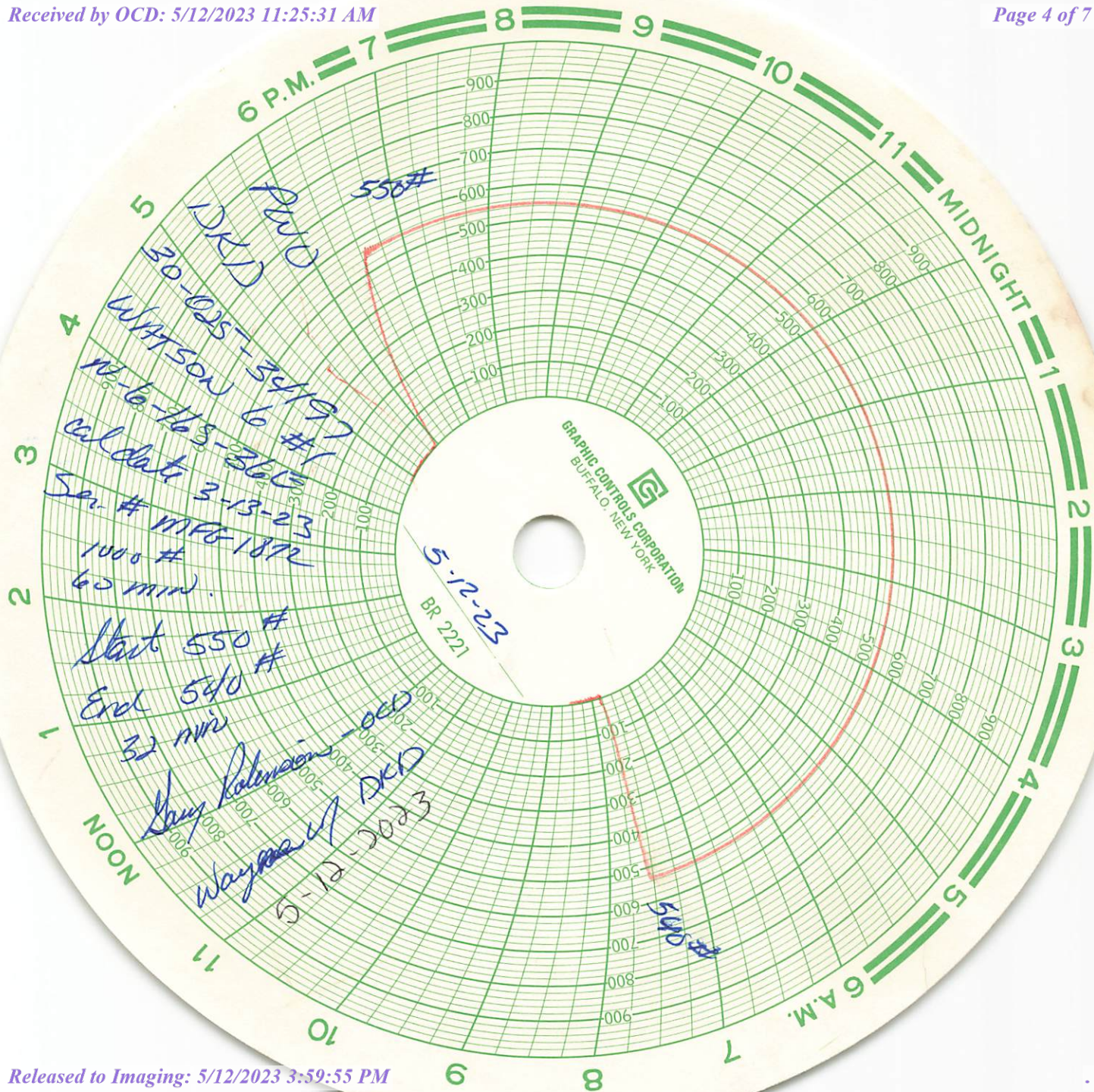
DKD, LLC – OGRID 210091

Well: Watson 6 #1 SWD API: 30-025-34197

Post Workover Reporting of MIT Test Results

Upon completion of the workover which started April 4/8/2023, we ran a successful MIT that was witnessed by OCD

Subsequent report will be made after workover completion.





Form C-103 – Wellbore Schematic

DKD, LLC – OGRID 210091

Well: Watson 6 #1 SWD API: 30-025-34197

NOTICE OF INTENTION TO PERFORM REMEDIAL WORK – Wellbore Schematic

Wellbore schematic will be provided upon completion of workover.

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CONDITIONS

Action 216467

CONDITIONS

Operator: DKD,LLC P.O. Box 682 Tatum, NM 88267	OGRID: 210091
	Action Number: 216467
	Action Type: [C-103] Sub. Workover (C-103R)

CONDITIONS

Created By	Condition	Condition Date
kfortner	None	5/12/2023