

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.<br>30-025-26883  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>25-26883  |
| 7. Lease Name or Unit Agreement Name<br>Eidson Brine Station, BW-004                                |
| 8. Well Number 1  |
| 9. OGRID Number 130851  |
| 10. Pool name or Wildcat  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |

**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 Brine Well

2. Name of Operator  
Wasserhund, Inc.

3. Address of Operator  
P.O. Box 2140, Lovington, NM 88260

4. Well Location  
 Unit Letter M : 567.4 feet from the South line and 161.7 feet from the West line  
 Section 31 Township 16S Range 35E NMPM County Lea

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

|  |   |  |  |
|--|---|--|--|
| <b>NOTICE OF INTENTION TO:</b>                 |   | <b>SUBSEQUENT REPORT OF:</b>                     |  |
| 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: Integrity Test <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.

See Attached Chart

2015 DEC -2 A 9:21  
 RECEIVED

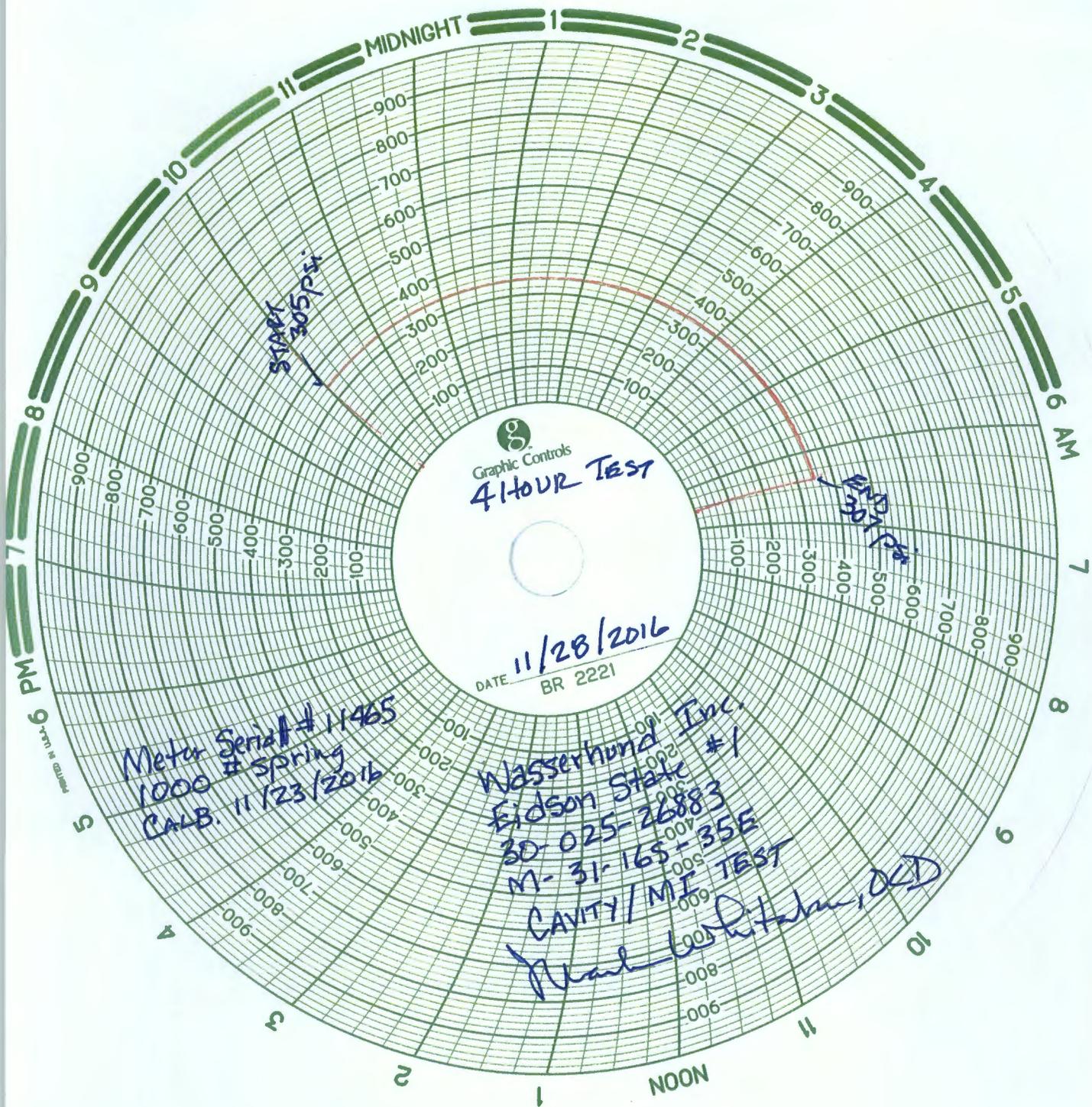
Spud Date:

Rig Release Date:

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

SIGNATURE Jon Gandy TITLE Secretary/Treasurer DATE 11/29/16  
 Type or print name Jon Gandy E-mail address: jonrgandy@aol.com PHONE: 575-396-0522  
**For State Use Only**

APPROVED BY: Carl J. Cheney TITLE \_\_\_\_\_ DATE 12/6/16  
 Conditions of Approval (if any): \_\_\_\_\_



Graphic Controls  
4 HOUR TEST

DATE 11/28/2016  
BR 2221

Meter Serial # 11465  
1000 # Spring  
CALB. 11/23/2016

Wasserhund Inc.  
Edson State #1  
30-025-26883  
M-31-165-35E  
CAVITY/MT TEST

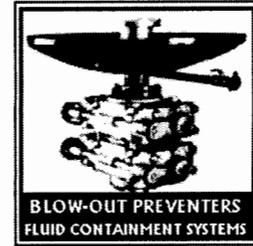
Mark [Signature]

START  
305 PSI

END  
307 PSI

**D & L Meters & Instrument Service, Inc.**

Lovington, NM 88260  
P.O. Box 1621  
Office: (575) 396-3715  
Fax: (575) 396-5812



**Date:** Wednesday, November 23, 2016

**Invoice #** \_\_\_\_\_

**Certification of Pressure Recorder Test:**

**Company:** Gandy  
**Unit:** Gandy #4  
**Model:** 8" PMC  
**Pressure Rating:** 1,000#  
**Serial #:** 11218

*This Pressure Recorder was tested at midrange for accuracy and verified within +5% and -5% for 1,000# pressure element.*

  
\_\_\_\_\_  
Issac Luna, Technician