

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural**  
**Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

Form C-103  
August 1, 2011  
Permit 226366

WELL API NUMBER  
30-015-23580

5. Indicate Type of Lease  
P

6. State Oil & Gas Lease No.

**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.)

7. Lease Name or Unit Agreement Name  
ANN SWD

1. Type of Well:  
S

8. Well Number  
001

2. Name of Operator  
PYOTE WELL SERVICE, LLC

9. OGRID Number  
294873

3. Address of Operator  
400 W. Illinois Ave, Ste 900, Midland, TX 79701

10. Pool name or Wildcat

4. Well Location  
Unit Letter G : 1980 feet from the N line and feet 1980 from the E line  
Section 18 Township 19S Range 26E NMPM County Eddy

11. Elevation (Show whether DR, KB, BT, GR, etc.)  
3423 GR

~~Pit or Below-grade Tank Application  or Closure~~   
~~Pit Type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_~~  
~~Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_~~

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK   
TEMPORARILY ABANDON   
PULL OR ALTER CASING   
Other:

PLUG AND ABANDON   
CHANGE OF PLANS   
MULTIPLE COMPL

SUBSEQUENT REPORT OF:

REMEDIAL WORK   
COMMENCE DRILLING OPNS.   
CASING/CEMENT JOB   
Other: Drilling/Cement

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  
WELL CONVERTED TO SWD ON 8/3/1982 AND IS STILL AN INJECTION WELL. THIS REPORT IS TO PROPOSE A 4" LINER RUN FROM 5800-7770' (APPROXIMATELY) TO BE CEMENTED IN HOLE. DUAL STRING CASING IS PROPOSED: 2 7/8" TUBING FROM SURFACE TO 5800' AND 2 3/8" TUBING FROM 5800-7770' INSIDE THE LINER. WELL IS BLEEDING OFF AND THE LINER IS PROPOSED TO COVER SUSPECTED HOLE BETWEEN 6035-6900' (APPROXIMATELY) 1/21/1981 Spudded well.

**Casing and Cement Program**

| Date     | String | Fluid Type | Hole Size | Csg Size | Weight lb/ft | Grade  | Est TOC | Dpth Set | Sacks | Yield | Class     | 1" Dpth | Pres Held | Pres Drop | Open Hole |
|----------|--------|------------|-----------|----------|--------------|--------|---------|----------|-------|-------|-----------|---------|-----------|-----------|-----------|
| 08/08/82 | Prod   |            | 7.875     | 5.5      | 17           | N80J55 | 0       | 8150     | 400   |       | C         |         |           |           | N         |
| 01/24/81 | Int1   |            | 11        | 8.625    | 24           | K55    | 0       | 1428     | 500   | 1.94  | C POZ MIX |         | 1000      |           | N         |
| 08/08/82 | Prod   |            | 7.875     | 5.5      | 17           | N80J55 | 7200    | 8150     | 300   |       | 50/50 POZ |         |           |           | N         |
| 01/22/81 | Surf   |            | 17.5      | 13.875   | 48           | MRJ    | 0       | 405      | 400   |       | C         |         | 800       | 0         | N         |

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines , a general permit  or an (attached) alternative OCD-approved plan .

SIGNATURE Jenni Usher TITLE AGENT DATE 9/20/2016  
Type or print name JENNI USHER E-mail address jennimusher@qm2.1 Telephone No. 512-820-8772

**For State Use Only:**

APPROVED BY: RICHARD INGE TITLE COMPLIANCE OFFICER DATE 9/20/16

[www.emnrd.state.nm.us](http://www.emnrd.state.nm.us)  
Current forms are available on our website and should be used when filing regulatory documents.

*(max op'd inj pressure 1560 psi)*