Submit 3 Copies To Appropriate District Office State of New Mexico	Form C-103
District I Energy, Minerals and Natural Resources	May 27, 2004 WELL API NO. 22583
1625 N. French Dr., Hobbs, NM 88240  District II	30-025 <del>-21497</del> -00
1301 W. Grand Ave., Artesia, NM 88210 NOV OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1220 South St. Francis Dr	STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87419 CCNSERV ASanta Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM LINION 87505	
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)	Eunice Plant No. 161
1. Type of Well: Oil Well Gas Well Q Other SWDW	8. Well Number SWD # 1
2. Name of Operator	9. OGRID Number
Dynegy Midstream Services	77711
3. Address of Operator	10. Pool name or Wildcat
P.O. Box 1909, Eunice, New Mexico 88231	San Andres formation
4. Well Location	
Unit Letter H: 2255 feet from the North line and	
Section 3 Township 22S Range 37 E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.	
Pit or Below-grade Tank Application or Closure	
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water	
	onstruction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐	
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DR	ILLING OPNS. P AND A
PULL OR ALTER CASING	T JOB 🔲
	a mod to o / Anda tob
OTHER: OTHER: Coil  13. Describe proposed or completed operations. (Clearly state all pertinent details, an	ed Tubing / Acid job
of starting any proposed work). SEE RULE 1103. For Multiple Completions: A	trach wellbore diagram of proposed completion
or recompletion.	wond wonders and and an proposed to an proposed
•	
11-2-04 Spotted 48 bb1, 15% HCL @ 4100'-411	21
11-3-04 Returned to injection	
	500 3
8.4	<u> </u>
	•
I hereby certify that the information above is true and complete to the best of my knowledge	re and helief I further certify that any nit or helow-
	to differ the control of the control
grade tank has been/will be constructed or closed according to NMOCD guidelines [], a general permit [	or an (attached) alternative OCD-approved plan .
N-MA	or an (attached) alternative OCD-approved plan .
SIGNATURE TITLE Manager Reser	or an (attached) alternative OCD-approved plan  voir Eng. DATE 11-15-04
SIGNATURE TITLE Manager Reser	or an (attached) alternative OCD-approved plan .

APPROVED BY: Long W. Wine, TITLE FIELD REPRESENTATIVE IL/STAFF MANAGREC 1 3 2004 Conditions of Approval (if any)

30