Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
<u>District I</u> Energy, Minerals and Natural Resources 1625 N French Dr., Hobbs, NM 88240			WELL API NO. May 27, 2004
District II 1301 W Grand Ave, Artesia, NM 88210 LONSERVATION DIVISION			30-025-34593
District III 1220 South St. Francis Dr		ncis Dr.	5. Indicate Type of Lease STATE XX FEE FEE
1000 Rio Brazos Rd , Aztec, NM 87416 2 3 2011 District IV 1220 S St. Francis Dr , Santa Fe, NM			6. State Oil & Gas Lease No. AO-1118
87505 SUNDRY NECELY EDID 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			7. Lease Name or Unit Agreement Name GOODWIN STATE
PROPOSALS) 1. Type of Well: Oil Well Gas Well Other xx SWD			8. Well Number 1
2. Name of Operator			9. OGRID Number
CHEYENNE WATER DISPOSAL SYSTEMS, LLC 3. Address of Operator			269152 10. Pool name or Wildcat
P. O. BOX 132, HOBBS, NM 88241			SWD;GB-SAN ANDRES DEL-BS
4. Well Location			
Unit Letter <u>D</u> : <u>330</u> feet from the <u>NORTH</u> line and <u>330</u> feet from the <u>WEST</u> line			
Section 6 Township 19S Range 37E NMPM LEA County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
Dita Dalaman I Tank Andrews	,		Mary Mary Manager Street
Pit or Below-grade Tank Application ☐ or Pit type Depth to Groundwa	terDistance from nearest fresh w	vater well Dista	nce from nearest surface water
Pit Liner Thickness: mil	Below-Grade Tank: Volume		struction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTPERFORM REMEDIAL WORK TEMPORARILY ABANDON DULL OR ALTER CASING		SUBS REMEDIAL WORK COMMENCE DRIL CASING/CEMENT	LING OPNS. P AND A
OTHER: X REPAIR HOLE IN TUBING OTHER:			
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.			
OCD Administrative Order SW	/D-827-B		
Pull tubing and pkr., locate hole in tubing, and pull retrievable bridge plug @ 5600'. Repair tbg., and rerun tbg. and pkr. Set pkr. @ 4336'. Return well to injection.			
			,
hereby certify that the information above is true and complete guidelines \square , a general permit \square or an (attached) alternate	e to the best of my knowledge and belief $$ I further certifitive OCD-approved plan $$	y that any pit or below-grade ta	nk has been/will be constructed or closed according to NMOCD
SIGNATURE Debtie 47 Type or print name Debtie MeKelve	TITLE AG ey E-man address: Telepho	GENT one No. 505-392-3575	DATE <u>8/23/11</u>
For State Use Only			
APPROVED BY.	TITLETITLE	H MATE	DATE 8-24-2011
Condition of Approval- M	otify OCD LL.		
Condition of Approval: Notify OCD Hobbs office 24 hours prior to running MIT Test & Chart.			

