

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

HOBBS OCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505
SEP 21 2012

WELL API NO. 30-025-34593
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. AO-1118
7. Lease Name or Unit Agreement Name GOODWIN STATE
8. Well Number 1
9. OGRID Number 269152
10. Pool name or Wildcat SWD;GB-SAN ANDRES DEL-BS

SUNDRY NOTICES RECEIVED 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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> SWD	
2. Name of Operator CHEYENNE WATER DISPOSAL SYSTEMS, LLC	
3. Address of Operator P. O. BOX 132, HOBBS, NM 88241	
4. Well Location Unit Letter D : 330 feet from the NORTH line and 330 feet from the WEST line Section 6 Township 19S Range 37E NMPM LEA County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
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 ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☒ Repair Tubing

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

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 SWD-827-B

1. POOH with tubing and pkr.
2. RIH with all new tubing and test.
3. Displace annulus with pkr. fluid, and set pkr.
4. Pressure test.
5. Return well to injection.

SET PKR WITHIN
100' OF TOP PERF.

Condition of Approval: Notify OCD Hobbs
office 24 hours prior to running MIT Test & Chart.

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 NMOCD guidelines ☐ a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Debbie McKelvey TITLE AGENT DATE 9/19/2012
Type or print name Debbie McKelvey E-mail address: _____ Telephone No. 505-392-3575

APPROVED BY: Maley Brown TITLE Compliance Officer DATE 9/21/2012
SEP 24 2012