

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
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 May 27, 2004

HOBBS OCD
MAY 09 2013

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 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 **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 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 PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING MULTIPLE COMPL

SUBSEQUENT REPORT OF:

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

OTHER: Replace Packer

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 pkr.
3. Displace annulus with pkr. fluid, and set pkr. within 100' of top perf.
4. Notify OCD 24 hrs. prior to running MIT.
5. Pressure test.
6. Return well to injection.

NOTIFY OCD 24 HRS PRIOR TO BEGINNING WELL WORK.
SUBMIT WELLBORE DIAGRAM W/C-103 SUBSEQUENT.

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 5/9/13
 Type or print name Debbie McKelvey E-mail address: _____ Telephone No. 505-392-3575

APPROVED BY: Maley Brown TITLE Compliance Officer DATE 5/10/2013
MAY 10 2013