

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

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

WELL API NO. 30-025-21800
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM 434
7. Lease Name or Unit Agreement Name State AK SWD
8. Well Number 001
9. OGRID Number 308397
10. Pool name or Wildcat SWD;Strawn
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4262' GL

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD-558-A	
2. Name of Operator 06 SWD, LLC	
3. Address of Operator P.O. Box 553, Lovington, NM 88260	
4. Well Location Unit Letter <u>N</u> : <u>660</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>10</u> Township <u>11S</u> Range <u>33E</u> NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4262' GL	

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 ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

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

OTHER: ☐

OTHER: MIT TEST ☒

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

10/28/14 Notified OCD that an MIT would be performed at 8 a.m. on 10/29/14.
10/29/14 Tested well to 380 psi for 30 min. Held OK. Test was witnessed by Mark Whitaker of the OCD.
Original chart attached.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Beatrice Skaggs TITLE Office manager DATE 10/29/14
Type or print name Beatrice Skaggs E-mail address: patty7264@hotmail.com PHONE: 575 704 9417
575 390 8591
For State Use Only
APPROVED BY: Bill Sawanah TITLE Staff Manager DATE 11/4/2014
Conditions of Approval (if any):

FOR RECORD ONLY

NOV 05 2014

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Graphic Controls

10-29-2014

DATE

BR 2221

FOR RECORD ONLY

06 SWD
State AK LLL
30-025 SWD
N-10-115 2180
Null WP 33E
OCD

NOON

MIDNIGHT