

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

NOV 21 2014
 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 Gas Well 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 N : 660 feet from the South line and 1980 feet from the West line
 Section 10 Township 11S Range 33E NMPM Lea County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>		OTHER	
OTHER: commence injection X		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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Record only
 11/08/2014 injected 260 bbls .8 bbls a minute put on vacuum at -5

Y

2014 NOV 18 P 3:11
 RECEIVED OFFICE
 575 396 0008
 575 704 9417

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

SIGNATURE Beatrice Jagg TITLE office manager DATE 11/10/14
 Type or print name Beatrice Jagg E-mail address: patty7264@hotmail.com PHONE: 575 396 0008
For State Use Only
 APPROVED BY: Bil Servanah TITLE Staff Manager DATE 12/10/2014
 Conditions of Approval (if any):

SWD-558-A

DEC 17 2014