

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
Revised June 10, 2003

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

WELL API NO. 30-025-32741
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Kaiser State
8. Well Number #44
9. OGRID Number
10. Pool name or Wildcat Wilson

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

2. Name of Operator
P&W Resources LLC Mesquite SWD Inc

3. Address of Operator
P. O. Box 1479 Carlsbad NM 88220

4. Well Location

Unit Letter F : 2310 feet from the North line and 2310 feet from the West line

Section 13 Township 21-S Range 34-E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 COMPLETION ☐

OTHER: ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Water Disposal ☒

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.

1. TOH w/tbg
2. Perforate zones @ 3,560-90, 3615-19, 3638-44, 3770-76, & 3788-92'.
3. Set 2 7/8" Duo-line tbg @ 3,500' w/plastic coated 7 5/8" packer.
4. Commence injection

*Fulfill terms of order before injection
can commence. Chris Williams (SWD-1009)*



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

SIGNATURE Robert Lee TITLE Professional Engineer DATE 9/27/05

Type or print name Robert Lee E-mail address: robertlee5@att.net Telephone No. 432-682-1251

(This space for State use)

APPROVED BY Chris Williams TITLE Asst. Supervisor DATE 12/15/05

Conditions of approval, if any: