

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

HOBBS OCD

APR 17 2017

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103

Revised July 18, 2013

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 115 Range 33E NMPM County Lea

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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <u>Return to injection</u> <input checked="" type="checkbox"/>	

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.

1. Move in pulling unit and pull tubing out of hole
2. Clean up casing/perforation to the td, rig down pulling unit
3. Rig up pulling unit work on packer, set packer, pulled up tubing, pull up on and off tool
4. Replace on and off tool
5. Unset packer and run tubing, set packer 9129ft
6. Load up backside
7. Pressure test at 500 psi tested ok
8. Circulate packer fluid, test packer tested ok
9. Notify OCD 24 hours prior to running MIT
10. Return to injection

Re-test Required July 2017. MAB

Spud Date:

Rig Release Date:

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

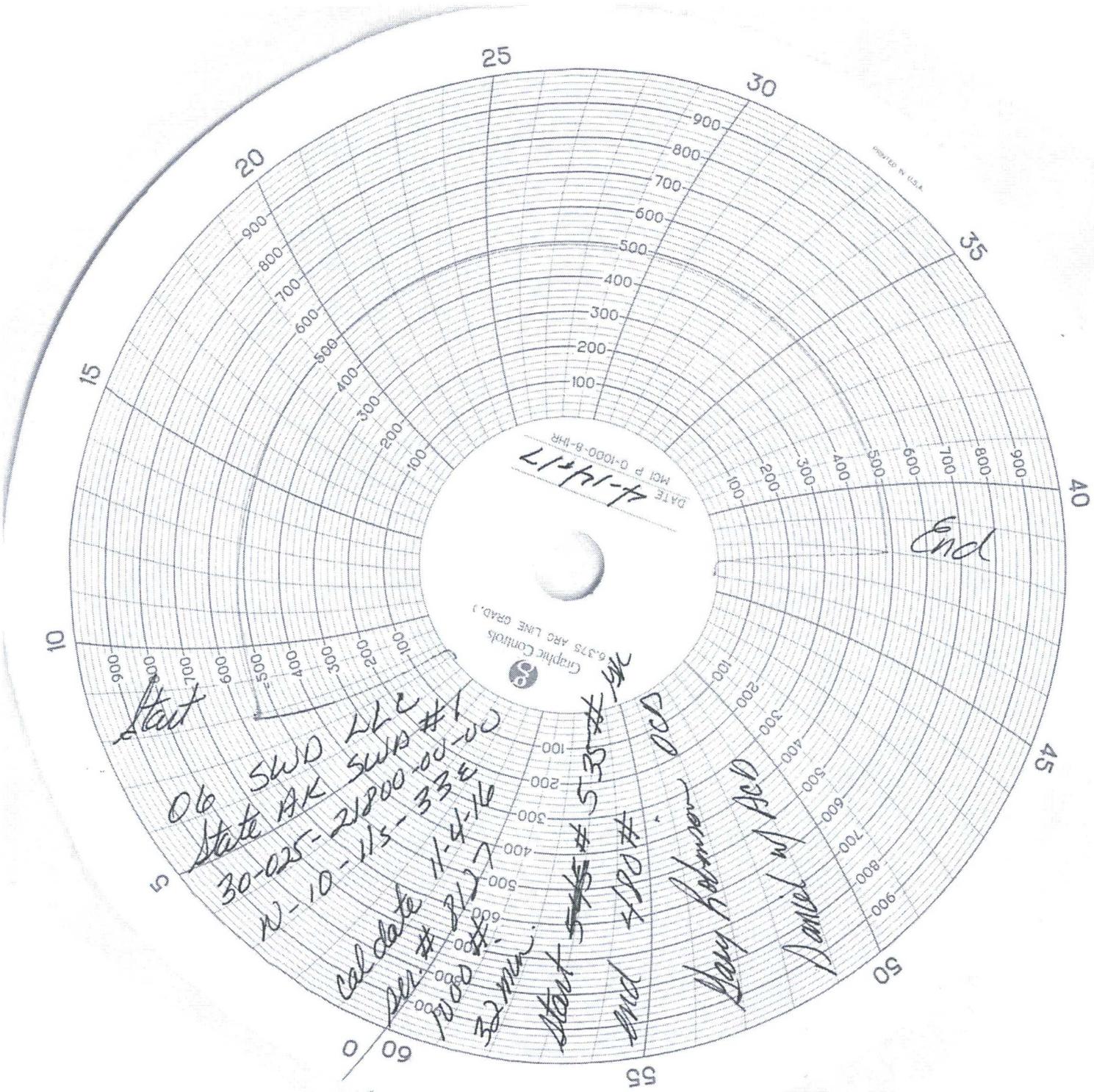
SIGNATURE: [Signature] TITLE office manager DATE 4-14-17

Type or print name Beatrice E-mail address: acd@ardoilfieldservices.com PHONE: 575 390 8891

APPROVED BY: [Signature] TITLE AO/II DATE 4/17/2017

Conditions of Approval (if any):

MB



Graphic Controls
0.375 ARG LINE GRAD.

DATE 7-14-17
MCI P 0-1000-8-HR

Start

06 SWD LK
State AK SWP #1
30-025-21800-00-00
N-10-115-33E

Cal date 11-4-16
Per # 8127
32 min

Start ~~533~~ # 533 # AK
End 480 #

Gary Johnson OCD

Daniel W OCD

End

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