

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 87414
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

HOBBS OCD

OIL CONSERVATION DIVISION

JUL 25 2017

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

RECEIVED

WELL API NO. 30-025-21800
5. Indicate Type of Lease STATE [X] FEE [ ]
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 [X] 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:

- 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 [X]

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.

07/24/2017 Notified OCD that an MIT would be performed 9:30 am 07/24/2017.
07/24/2017 Tested well to 500 psi for 30 min. Held OK. Test was witnessed by George Brown of the OCD. Original chart attached. BOWER

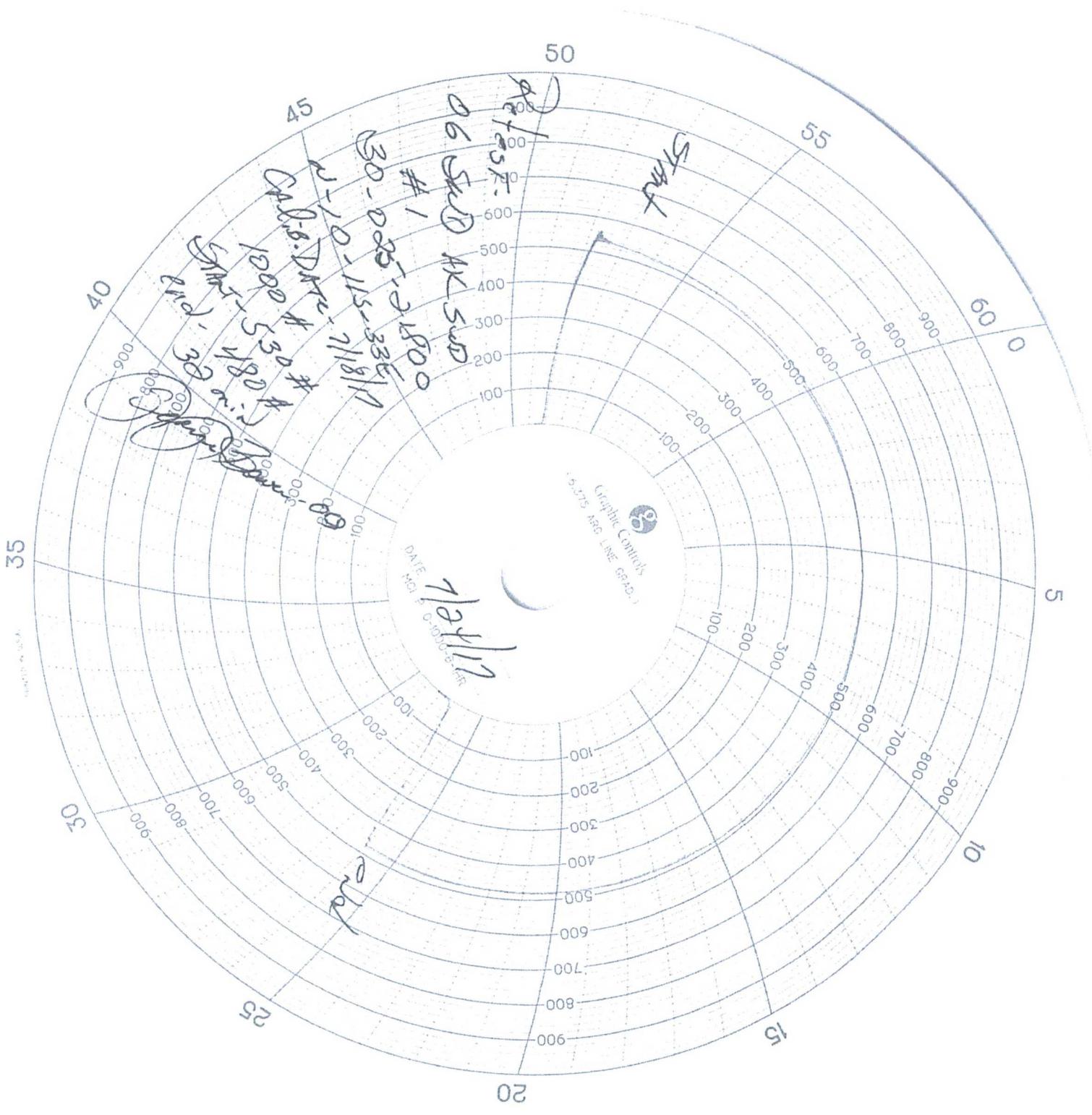
C.O.A
Re-Test 7/24/2018

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 7/24/17

Type or print name Beatrice Skraggs E-mail address: acd@acdallfieldserVICES.COM PHONE: 575 390 8591

APPROVED BY: Makenzie Brown TITLE AO/II DATE 7/27/2017
Conditions of Approval (if any):



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START

DATE:

06 SKD AK 500 #1

30-085-3800

U-10-115-336/A

Cal.B. Data #1

1000 #30

500 #18

1000 #30

500 #18

1000 #30

500 #18

DATE: 1/21/11

Graphic Controls  
5.575 ARE LINE GRAB.