

Submit 1 Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 87410
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
October 13, 2009

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

JAN 11 2018

WELL API NO. 30-025-34197
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 29221
7. Lease Name or Unit Agreement Name Watson 6 #1
8. Well Number #1
9. OGRID Number 210091
10. Pool name or Wildcat Upper Permo Penn
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3974

SUNDRY RECEIPTS 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

2. Name of Operator

D.K.D., L.L.C.

3. Address of Operator

PO Box 682, Tatum, NM 88267

4. Well Location

Unit Letter N : 2857 feet from the S line and 1417 feet from the W line

Section 6 Township 16S Range 36E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3974

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

OTHER: Pressure 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.

01/08/2018: Ran MIT chart recorder for OCD. Chart is attached. *5 YR TEST.*

C.O.A SUBMIT BAT FORM.
YMLB.

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 *Danny R. Watson* TITLE Owner DATE 01/08/2018

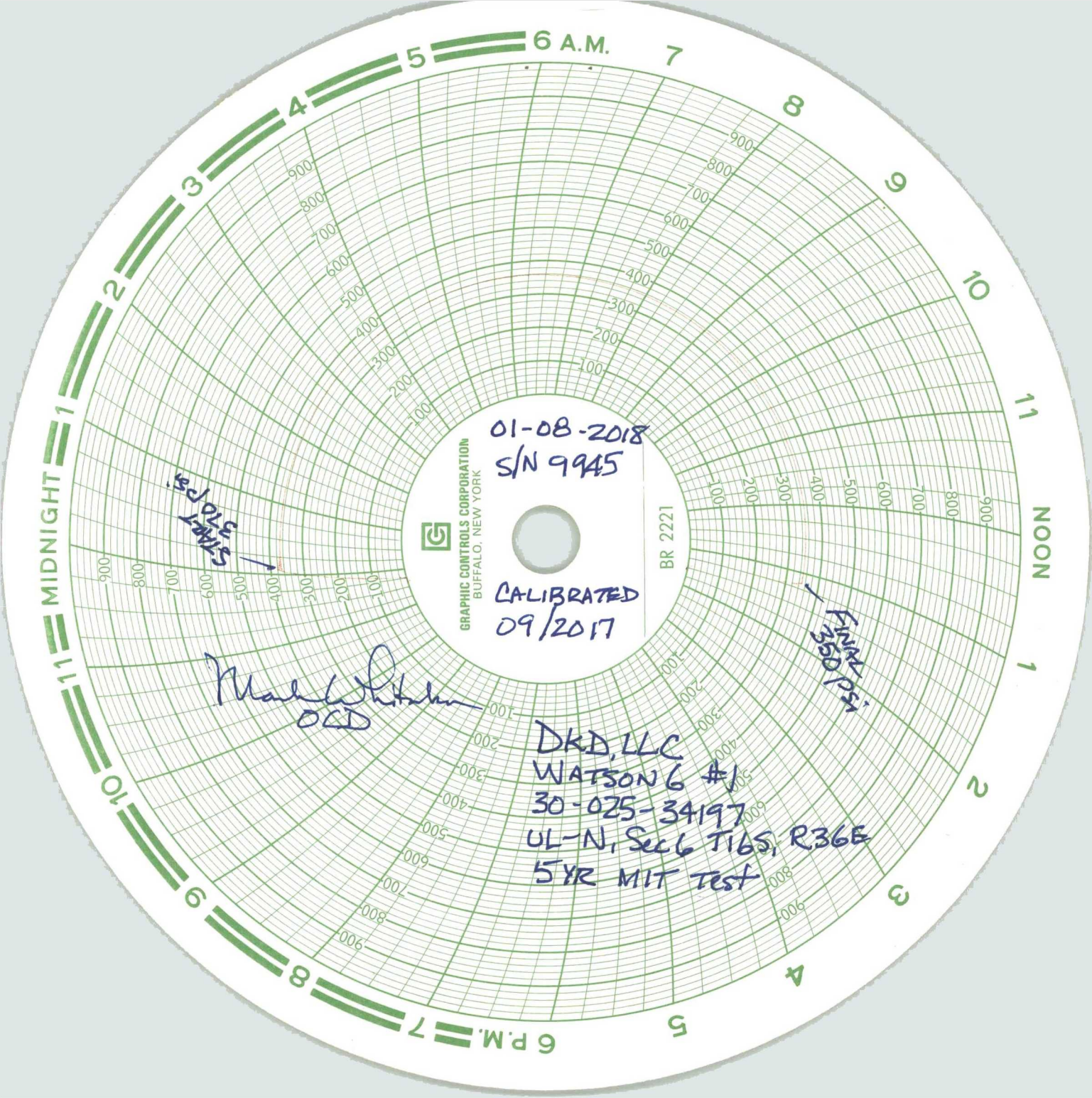
Type or print name Danny R. Watson E-mail address: dkdlc@leaco.net PHONE: (575)398-3490

For State Use Only

APPROVED BY: *Malay Brown* TITLE AO/II DATE 1/11/2018

Conditions of Approval (if any):

RBDMS - CHART - ✓



01-08-2018
S/N 9945



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

CALIBRATED
09/2017

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Mark White
OCD

DKD, LLC
WATSON 6 #1
30-025-34197
UL-N, Sec 6 T16S, R36E
5YR MIT TEST