

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

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	

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	OTHER: mit test <input type="checkbox"/>
OTHER: <input 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.

4/14/2020 notified OGD that a MIT test would be performed  
at 8 AM 4/17/2020

4/17/2020 test failed, pumped 300 bbls and tubing then went on  
vac, test witnessed by Gary Robinson  
Original chart attached

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 Beatrice Navarrete TITLE Office manager DATE 4/17/2020  
Type or print name Beatrice Navarrete E-mail address: acd@acdoilfieldservices.com PHONE: 575 396  
For State Use Only 0008  
APPROVED BY: Gary Robinson TITLE Compliance Officer DATE 4-23-20  
Conditions of Approval (if any):

State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <b>06 SWD LLC</b>	API Number <b>30-025-21800</b>
Property Name <b>STATE AK SWD</b>	Well No. <b>#1</b>

2. Surface Location

UL - Lot <b>N</b>	Section <b>10</b>	Township <b>11S</b>	Range <b>33E</b>	Feet from <b>660</b>	N/S Line <b>S</b>	Feet From <b>1980</b>	E/W Line <b>W</b>	County <b>LEA</b>
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Well Status

TA'D WELL <b>YES</b>	<b>NO</b>	SHUT-IN <b>YES</b>	<b>NO</b>	INJ <b>NO</b>	INJECTOR <b>SWD</b>	PRODUCER <b>OIL</b>	GAS <b>NO</b>	DATE <b>4-17-20</b>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>0</b>	<b>0</b>		<b>0</b>	<b>0</b>
Flow Characteristics					
Puff	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	CO2
Steady Flow	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	WTR <input checked="" type="checkbox"/>
Surges	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	GAS
Down to nothing	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Type of Fluid
Gas or Oil	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Isjected for
Water	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Waterflood if
					applies

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

**FAILED MIT - pumped 30 BBLs and Tbg.  
Went on VAL.**

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date:	
Phone:	
Witness: <b>Harry Robinson</b>	

INSTRUCTIONS ON BACK OF THIS FORM