

Submit 3 Copies To Appropriate District
Office
District I
1625 N French Dr , Hobbs, NM 88241
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
May 27, 2004

RECEIVED

OIL CONSERVATION DIVISION
FEB 11 2010
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-34593
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 GOODWIN STATE
8. Well Number 1
9. OGRID Number 269152
10. Pool name or Wildcat GOODWIN; DRINKARD

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/>	
2. Name of Operator CHEYENNE WATER DISPOSAL SYSTEMS, LLC	
3. Address of Operator P. O. BOX 132, HOBBS, NM 88241	
4. Well Location Unit Letter D : 330 feet from the NORTH line and 330 feet from the WEST line Section 6 Township 19S Range 37E NMPM LEA County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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 ☐

OTHER: AMEND SWD PROCEDURE ☒

SUBSEQUENT REPORT OF:

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

OTHER:

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.

Amendment proposes to add additional perforations in the San Andres formation in the interval of 4350-4900'. Acidize with 5000 gals. 15% HCL-NE-FE acid. Amend the maximum injection pressure to 870 psi. The additional San Andres zone perforations will be commingled with the previously approved injection interval of 5110-6040'.

SWD-827B

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Debbie McKelvey TITLE _____ AGENT _____ DATE 2/8/10

Type or print name Debbie McKelvey E-mail address: _____ Telephone No. 575-392-3575
For State Use Only

APPROVED BY: [Signature] TITLE STAFF VER DATE 4-1-10