

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

Form C-103
Revised July 18, 2013

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

WELL API NO. 30-015-33180
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. NMLC 0293958
7. Lease Name or Unit Agreement Name Oxy Doc Slawo Fed #1
8. Well Number #1
9. OGRID Number 371786
10. Pool name or Wildcat 96096 Bone Spring / Wolfcamp

SUNDRY NOTICES AND REPORTS ON WELLS **DEC 10 2018**
(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** **RECEIVED**

2. Name of Operator
TRINITY ENVIRONMENTAL BDD 1, LLC

3. Address of Operator **6300 Bridge Point Parkway
Building 2, Suite 210, Austin TX 78730**

4. Well Location
Unit Letter **M** : **460** feet from the **South** line and **640** feet from the **West** line
Section **29** Township **17S** Range **31E** NMPM County **Eddy**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
GL 3691

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 ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

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

OTHER: **BRADENHEAD 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.

**Opened the well valves and witnessed By OCD Rep Dan Sonolik
Passed Test**

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 **Kevin Rogers** TITLE **OPR. MGR.** DATE **11-26-18**
Type or print name **KEVIN ROGERS** E-mail address: **KEVIN.ROGERS@TRINITYENV.COM** PHONE: **575-220-7896**
For State Use Only

APPROVED BY: **Dan** TITLE **compliance officer** DATE **12-17-18**
Conditions of Approval (if any):