

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
RECEIVED
 OIL CONSERVATION DIVISION
 JUL 24 2013
 20 South St. Francis Dr.
 Santa Fe, NM 87505
HOBBSOCD

Form C-103
 Revised August 1, 2011

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.)		WELL API NO. 30-025-26307
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Brine Well		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator PAB Services Inc. DBA Salty Dog Inc		6. State Oil & Gas Lease No. 25087
3. Address of Operator P O BOX 190, LUBBOCK, TX 79408		7. Lease Name or Unit Agreement Name Brine Supply Well
4. Well Location Unit Letter: J, 1980 feet from the SOUTH line and 1980 feet from the East line Section 5 Township 19S Range 36E NMPM County LEA COUNTY		8. Well Number #001
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3808 GL		9. OGRID Number 184208
		10. Pool name or Wildcat BSW & Salado

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <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.

MIRU PULLING UNIT
 GIH W/ 4 3/4" BIT AND DIRECTIONAL TOOLS
 ATTEMPT TO SIDETRACK FISH IN WELL AND GO TO 2900'.
 SET 2 7/8" TUBING STRING @ 2900'
 RETURN WELL BACK TO PRODUCTION - RDMO

**The Oil Conservation Division
 MUST BE NOTIFIED 24 Hours
 Prior to the beginning of operations**

**Condition of Approval: notify
 OCD Hobbs office 24 hours
 prior of running MIT Test & Chart**

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 Randy Poston TITLE Manager DATE: 7-24-2013
~~10-18-2012~~

Type or print name RANDY POSTON E-mail address: randyp@aqueousoperating.com PHONE: (806) 787-1864

APPROVED BY: [Signature] TITLE Dist. Mgr DATE 7-24-2013
 Conditions of Approval (if any):

Submit 1 Copy To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 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
 October 13, 2009

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

WELL API NO. <i>30-025-26307</i>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <i>Salty Dog</i>
8. Well Number <i>Brine Well Supply #1</i>
9. OGRID Number
10. Pool name or Wildcat <i>BSW - Salado</i>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 Other *Brine Well*

2. Name of Operator
Buckeye Disposal LLC

3. Address of Operator
2416 Erskine Lubbock TX 79408

4. Well Location
 Unit Letter *J* : *1980* feet from the *South* line and *1980* feet from the *East* line
 Section *5* Township *19S* Range *36E* NMPM County *Lea*

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE. <input type="checkbox"/>			
OTHER: <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.

5-25-11 Rig Up Pulling Unit
Come out of hole with tubing
Attach Drilling Bit (size 2 3/8) drill to a
depth of 2600 Ft.
Come out of hole with work string
Run packer to test casing
Go back in hole with tubing
Rig Down Pulling Unit.

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 *Terry Wallace* TITLE *Manager* DATE *5-18-11*
 Type or print name *Terry Wallace* E-mail address: *terryw@the-standard-energy.com* PHONE: *575-390-6167*
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any): _____