

Submit 3 Copies 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

HOBBS OCD

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
June 19, 2008

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

JAN 22 2014

RECEIVED

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. <u>30-025-20980</u>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>SALT WATER DISPOSAL</u>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <u>Buckeye DISPOSAL LLC</u>		6. State Oil & Gas Lease No. <u>E-7723</u>
3. Address of Operator <u>PO Box 2724 Lubbock Texas 79408</u>		7. Lease Name or Unit Agreement Name <u>STATE AF</u>
4. Well Location Unit Letter <u>L</u> : <u>1980</u> feet from the <u>South</u> line and <u>990</u> feet from the <u>West</u> line Section <u>8</u> Township <u>18S</u> Range <u>35E</u> NMPM County <u>Lea</u>		8. Well Number <u>3</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <u>222759</u>
		10. Pool name or Wildcat <u>Wolf CAMP SWD</u>

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1-23-14 Rig up polling Unit  
pull pipe out of hole  
Run packer in well  
Isolate hole

**Per Underground Injection Control Program Manual**

**11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole.**

**Condition of Approval: notify**

**OCD Hobbs office 24 hours**

**prior of running MIT Test & Chart**

**PROVIDE CURRENT WELLBORE DIAGRAM  
WITH SUBSEQUENT C-103**

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 Jim Sayre TITLE MANAGER DATE \_\_\_\_\_

Type or print name JIM SAYRE E-mail address: jim@hcsaradenergy.com PHONE: 390-6006

**For State Use Only**

APPROVED BY: Maury Brown TITLE Compliance Officer DATE 1/23/2014

Conditions of Approval (if any):

JAN 23 2014