| MELL API NO. Solution Solut | , , |
|--|------------------|
| 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 NA 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.) Type of Well: Oil Well Gas Well Other BSW 1220 South St. Francis Dr. Santa Fe, NM 87505 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. SALT Lease Name or Unit Agreement Name 7. Lease Name or Unit Agreement Name SIRING O ACS ST 8. Well Number / 9. OGRID Number | |
| STATE FEE | |
| District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM NAN S7505 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 BSW 2. Name of Operator O 15 POSAL UC 6. State Oil & Gas Lease No. SALT Lense 7. Lease Name or Unit Agreement Name SIRING O ACS 8. Well Number 9. OGRID Number | |
| 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 S Well Well Number / 2. Name of Operator 9. OGRID Number 5 > 0 6 6 / | |
| 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 S Well Well Number / 2. Name of Operator 9. OGRID Number 5 > 0 6 6 / | . / |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other BS W 2. Name of Operator 9. OGRID Number 570 66/ | . / |
| 1. Type of Well: Oil Well Gas Well Other BSW 2. Name of Operator LL Mn D DISPOSAL UC 9. OGRID Number \$70661 | 4 |
| 2. Name of Operator LL Mn D DISPOSAL UC 9. OGRID Number 570661 | |
| LLAND DISPOSAL LLC ' 370661 | - |
| 2 411 62 | |
| 3. Address of Operator 10. Pool name or Wildcat | |
| P.O. BOX 190, LOVINGTON N.M. 88260 SALT (BSW) | |
| 4. Well Location | 1 |
| Unit Letter D: 660 feet from the 1 line and 660 feet from the line | |
| Section Section Township 175 Range 36E NMPM County 24 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | |
| 3831 | |
| | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING | |
| TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐ | |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB | |
| DOWNHOLE COMMINGLE | |
| CLOSED-LOOP SYSTEM MIT OTHER: | |
| 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated dates) | e |
| of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of | |
| proposed completion or recompletion. | |
| It is the intention of LCAMO DisposAL, C | (c |
| 17 13 190 191 | |
| Well AT 9:00 Am, Thursday, May 18, 2017, | |
| -1 2017 18 7.017 | |
| Well AT 9:00 Am, Thursday, May 10, 2 | |
| TO penform A MIT (Brine CHVITY) TEST. | |
| To pentonn A mit (BRING CHUI) | |
| | |
| | |
| | |
| Spud Date: Rig Release Date: | |
| | |
| | |
| | _ |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | _ |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | - |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | _ |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | <u>-</u> |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE AGENT DATE 5/15/17 Type or print name MANVIN BURNOWS E-mail address: @ 6 mAIL, Com PHONE: 8067 | <u>-</u> 3/ · |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Havin Faurows TITLE AGENT DATE 5/15/17 Type or print name MARVIN BURNOWS E-mail address: @ 6 MAIL, COM PHONE: 806 | - 3/ |