

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

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 May 27, 2004

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

|   |
|---|
| WELL API NO.<br><b>30-015-02450</b>   |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br><b>SALADAR B</b>  |
| 8. Well Number <b>2</b>   |
| 9. OGRID Number <b>265779</b>   |
| 10. Pool name or Wildcat<br><b>SALADAR; YATES</b>   |

**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 INJECTION  **RECEIVED**  
**OCT 15 2010**  
**NMOCD ARTESIA**

2. Name of Operator  
**AGUA SUCIA, LLC**

3. Address of Operator  
**14605 SOUTH MEMORIAL DR., BIXBY, K 74008**

4. Well Location  
 Unit Letter **L** : **1650** feet from the **SOUTH** line and **990** feet from the **WEST** line  
 Section **333** Township **20S** Range **28E** NMPM **EDDY** County

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

Pit or Below-grade Tank Application  or Closure

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

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

Agua Sucia, LLC requests permission to convert injection well to producer.

Unseat packer. Pull packer and tubing out of hole. Run new tubing, rods, and pump. Set pumping unit and commence production.

~~Denial was not included in LTR 869~~  
~~Order~~  
~~Permit was accounted before work~~  
~~CAJ Report~~  
 NMOCD RE 11/10

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 10/13/10

Type or print name Debbie McKelvey E-mail address: \_\_\_\_\_ Telephone No. 505-392-3575

**For State Use Only**  
 APPROVED BY: RICHARD / NAE TITLE COMPLIANCE OFFICER DATE 11/23/10

