Submit 1 Copy To Appropriate District Office	State of New Me	exico		Form C-103	
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources			Revised August 1, 2011	
1625 N. French Dr , Hobbs, NM 88240			WELL API NO.		
<u>District II</u> – (575) 748-1283 811 S First St , Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015-02450		
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE _	FEE X	
<u>District IV</u> – (505) 476-3460 1220 S St Francis Dr., Santa Fe, NM	7		6. State Oil & Gas	Lease No.	
87505		ŕ		-	
SUNDRY NOTION	CES AND REPORTS ON WELLS		7. Lease Name or I	Jnit Agreement Name	
(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.)				
I. Type of Well: Oil Well Gas Well Other X INJECTION		8. Well Number	002		
2. Name of Operator			9. OGRID Number		•
AGUA SUCIA LLC			265779		
3. Address of Operator			10. Pool name or Wildcat		
5708 W. AUSTIN, BROKEN ARROW, OK 74011			SALADAR; YATES		
4. Well Location					
į.	650 feet from the SOUTH	line and 990	feet from the	WEST line	
Section 33	Township 20S		28E NMPM	EDDY County	
The same of the sa	11. Elevation (Show whether DR,	RKB, RT, GR, etc.	.)	A Regulation of the Control of the C	
And the second s				41.6	
		a			
12. Check A	Appropriate Box to Indicate N	ature of Notice,	Report or Other D	vata	
NOTICE OF IN	TENTION TO:	I eun	SEQUENT REP	ODT OF:	
PERFORM REMEDIAL WORK	_			ALTERING CASING	
TEMPORARILY ABANDON DULL OR ALTER CASING				P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL ·	CASING/CEMEN	II JOB	•	
DOWNHOLE COMMINGLE .	•				
OTHER:		OTHER:		П	
	leted operations. (Clearly state all p		d give pertinent dates.	including estimated date	
	rk). SEE RULE 19.15.7.14 NMAC				
proposed completion or reco		•	· .	8	
A Sundry Intent to convert this inject		ed by OCD on 11/2	23/10; however, Agua	Sucia LLC wishes to	
cancel its plans to convert the well to	a producer.				
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ş 5	A company of	~ ;			
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			JUL 0	3 2012 `	
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•	•		NMOCD A	ARTESIA	
				1	
I hereby certify that the information a	bove is true and complete to the be	st of my knowledg	e and belief.	•	
011.	W 01/ 1				
SIGNATURE Aller	Me TITLE A	AGENT	DATE	7/6/12	
	J	11 11 0	411 1 - BYONE	595 202 2595	
Type or print name DEBBIE MCK	E-mail address:	debmckelvey@ear	thlink.net PHONE:	<u>575-392-3575</u>	
For State Use Only	100.1	1/1		$\Delta / . /$	
APPROVED BY:	IIILE ST	SIMIST	DATI	11/0/2012	
Conditions of Approval (if any):	<u>, </u>	1/2/	DATI	11/	
conditions of Approval (if any).		v		1 0	