

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
 Minerals and Natural Resources

Form C-103
 October 13, 2009

RECEIVED

FEB 24 2010

HOBBSOCD

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

WELL API NO. 30-025-20980	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. E 7723	
7. Lease Name or Unit Agreement Name State AF	<input checked="" type="checkbox"/>
8. Well Number #3	<input checked="" type="checkbox"/>
9. OGRID Number 222759	
10. Pool name or Wildcat SWD Wolfcamp	<input checked="" type="checkbox"/>
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 SWD

2. Name of Operator
Buckeye Disposal LLC.

3. Address of Operator
PO BOX 2724

4. Well Location
 Unit Letter M : 510 feet from the South line and 660 feet from the West line
 Section 8 Township 18S Range 35E NMPM LEA County

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING MULTIPLE COMPL
 DOWNHOLE COMMINGLE

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. P AND A
 CASING/CEMENT JOB

OTHER: Run CSG LOG

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Plan is to get off the on off tool and pull the tubing from there we will rig up wire line and run a csg log to determine the severity of the csg problems. Will notify Hobbs OCD prior to beginning.

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 [Signature] TITLE OPS Manager DATE 2-22-10

Type or print name James Millett E-mail address: james@pubservnmac.com PHONE: 806-241-7405
For State Use Only

APPROVED BY: [Signature] TITLE Staff MGR DATE 2-26-10
 Conditions of Approval (if any):