

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  
 Energy, Minerals and Natural Resources

Form C-103  
 October 13, 2009

**RECEIVED**  
**JAN 06 2011**  
**HOBSOCD**  
 CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. <input checked="" type="checkbox"/> 30-025-20980	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Buckeye Disposal LLC State AF <input checked="" type="checkbox"/>	
8. Well Number State AF #3 <input checked="" type="checkbox"/>	
9. OGRID Number 222759 <input checked="" type="checkbox"/>	
10. Pool name or Wildcat	
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other X <u>SWD</u>	
2. Name of Operator Ageous <u>Buckeye Disposal LLC</u> /	
3. Address of Operator PO Box 513 Hobbs, NM 88240	
4. Well Location Unit Letter <u>L</u> : <u>1980</u> feet from the <u>North</u> line and <u>900</u> feet from the <u>East</u> line Section <u>8</u> Township <u>18S</u> Range <u>35E</u> NMPM County <u>Lea</u> <input checked="" type="checkbox"/>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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

<b>NOTICE OF INTENTION TO:</b> <input checked="" type="checkbox"/> PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> MULTIPLE COMPL	<b>SUBSEQUENT REPORT OF:</b> <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> P AND A
OTHER: <input checked="" type="checkbox"/>	OTHER: <input checked="" 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

14. Rig up pulling unit on January 6<sup>th</sup>, 2011, to perform remedial work.

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

Spud Date: 6 Jan - 11

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Jon Ammons TITLE Manager DATE 1-05-11

Type or print name Jon Ammons E-mail address: ammons17@yahoo.com PHONE: 575-390-3414

**For State Use Only**

APPROVED BY: [Signature] TITLE STAT MGR DATE 1-18-2011