Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103	
Office <u>District I</u> (575) 393-6161	Energy, Minerals and Natural Resources		Revised August 1, 2011	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	55 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-015-02450	
811 S. First St., Artesia, NM 88210			5. Indicate Type of Lease	
<u>District III</u> - (505) 334-6178 1000 Rio Brazos Rd , Aztec, NM 87410	1220 South St. Francis Dr.			FEE X
<u>District IV</u> – (505) 476-3460 1220 S St Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas Lease	No.
87505				
	ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLU	1	7. Lease Name or Unit Ag	greement Name
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)			SALADAR B	
1. 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  10. Pool name or Wildcat	
3. Address of Operator 5708 W. AUSTIN, BROKEN ARROW, OK 74011			SALADAR, YATES	
4. Well Location				
	1650 feet from the SOUTH	line and 990	feet from the WE	ST line
Section 33	Township 20S	Range 28		DY County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
The state of the s				TALL STATE
12 Cheal	Annronrioto Poy to Indicate N	otura of Nation I	) amount au Othan Data	
12. Check I	Appropriate Box to Indicate N	ature of Notice, i	Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				NG CASING 🔲
TEMPORARILY ABANDON				<b>А</b> Ц
DOWNHOLE COMMINGLE	<del></del> -	CASING/CEMENT	JOB []	•
OTHER:		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.				
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A Sunday Interviews a represent this in its		-d b OCD 11/03	/10.1	
A Sundry Intent to convert this inject cancel its plans to convert the well t	o a producer.		•	_
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- NOT APROVE	D UNDER WEST	069-		
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- Must obs	TAIN PERMIT.	•	2 - Annual Victorian Indiana Control Control	
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I hereby certify that the information	above is true and complete to the be	st of my knowledge	and belief.	A
			2	
SIGNATURE Collie 1	Weller TITLE	AGENT	DATE 7/6	/12
•	· )/-			
Type or print name DEBBIE MCKELVEY E-mail address: debmckelvey@earthlink.net PHONE: 575-392-3575  For State Use Only				
		sylveth N	7	Inhair.
Conditions of Approval (if any):	TITLE 17	VIII X	DATE //	your
Conditions of Approval (if any): Discuss w/ Debbio Mckelus 8/21/2012				