

Submit 3 Copies To Appropriate District
OfficeState of New Mexico
Energy, Minerals and Natural ResourcesForm C-103
May 27, 2004District 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
87505OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505WELL API NO.
30-015-241785. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
SALADAR B

8. Well Number 011

9. OGRID Number
26577910. Pool name or Wildcat
SALADAR; YATES

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

2. Name of Operator

AGUA SUCIA LLC

3. Address of Operator

14605 South Memorial Drive, Bixby, OK 74008

4. Well Location

Unit Letter L : 1980 feet from the SOUTH line and 1315 feet from the WEST line

Section 33 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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: ☒ TBG. DETAIL

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.

TUBING DETAIL: 21 jts. of 2 3/8", 4.7#, J-55 Tubing

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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.SIGNATURE Debbie McKelvey TITLE AGENT DATE 1/7/2011Type or print name Debbie McKelvey E-mail address: _____ Telephone No. 505-392-3575

For State Use Only

APPROVED BY: Dr. H. Spewer TITLE Dr. H. Spewer DATE 01/07/2011