

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

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

WELL API NO. <b>30-015-32585</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Oil Doc Slawn Fed</b>
8. Well Number <b>2</b>
9. OGRID Number <b>371786</b>
10. Pool name or Wildcat <b>96135 Wolfcamp</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>GL 3749</b>

DEC 10 2018 RECEIVED

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  
**Trinity Environmental SWD 1, LLC**

3. Address of Operator  
**6300 BridgePoint Parkway, Building 2, Suite 210 Austin TX 78730**

4. Well Location  
 Unit Letter **I** : **1780** feet from the **South** line and **660** feet from the **EAST** line  
 Section **29** Township **17S** Range **31E** NMPM County **Eddy**

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <b>MIT 5 yr test</b> <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.

**PUMP TRUCK ARRIVED ON LOCATION RIGGED UP ON WELL, PRESENTED CHART RECORDER #1011 & CAL DATE 11-1-18, CHARGED UP WELL CASING TO 550 PSI. HELD PRESSURE 30 MIN. START PRESS 550 PSI END PRESSURE 550 PSI. BLED PRESS OFF AND REMOVED PUMP TRUCK. PLACED UNIT BACK ON INJECTION**

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 *Kevin Rogers* TITLE Op. Mgr. DATE 11-26-18  
 Type or print name KEVIN ROGERS E-mail address: KEVIN.ROGERS@TRINITYENV.COM PHONE: 575 200 7896

APPROVED BY: *Devon* TITLE cop compliance of. DATE 12.17.18  
 Conditions of Approval (if any):