

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

Form C-103
 Revised July 18, 2013

SUNDRY NOTICES AND REPORTS ON WELLS DEC 10 2018 (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.)		WELL API NO. 30-015-33180
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator TRINITY ENVIRONMENTAL BDD 1, LLC		State Oil & Gas Lease No. NMLC 0293958
3. Address of Operator 6300 BRIDGE POINT PARKWAY BUILDING 2, SUITE 210, AUSTIN TX 78730		7. Lease Name or Unit Agreement Name Oxy Doc Slawo Fed #1
4. Well Location Unit Letter M : 460 feet from the South line and 640 feet from the West line Section 29 Township 17S Range 31E NMPM County Eddy		8. Well Number #1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3691		9. OGRID Number 371786
10. Pool name or Wildcat 96096 BOWSPRING/WOLF CAMP		

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: BRADENHEAD TEST <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.

*Opened the well valves and witnessed by OCD Rep Dan Somolik
 Passed Test*

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 *OPR. MGR.* DATE *11-26-18*

Type or print name *KEVIN ROGERS* E-mail address: *KEVIN.ROGERS@TRINITYENVU.COM* PHONE: *575-220-7896*

APPROVED BY: *Dan Somolik* TITLE *compliance officer* DATE *12-17-18*
 Conditions of Approval (if any):

For State Use Only