Submit I Copy To Appropriate District Office State of New Mexico	Form C-103
District I (575) 202 6161 Energy Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr , Hobbs, NM 88240300 ACD	WELL API NO.
District II – (575) 748-1283 811 S First St., Artesia, NM 88210 OIL CONSERVATION DIVISION	30-025-27176
<u>District III</u> - (505) 334-6178 1000 Rio Brazos Rd Aztec NM 8 นิโกโ 1 1 2011 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE FEE
- <u>District IV</u> – (505) 476-3460 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505 DECENTED	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name JH McClure 'B' COI
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well Gas Well Other SWD	8. Well Number 22
2. Name of Operator Three Rivers Operating Co., LLC	9. OGRID Number 272295
3. Address of Operator 1122 S. Capital of TX Hwy, Ste 325, Austin, TX 78746	10. Pool name or Wildcat
4. Well Location	SWD; Queen
Unit Letter I : 1650 feet from the South line and	660 feet from the East line
Section 19 Township 24S Range 38I	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3175,8 GR	
12. Check Appropriate Box to Indicate Nature of Notice, I	Report or Other Data
NOTICE OF INTENTION TO: SUBS	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT DOWNHOLE COMMINGLE	JOB
DOWNHOLE COMMINGLE	
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 Comproposed completion or recompletion.	ipletions: Attach wellbore diagram of
Three Rivers has been disposing water into the JH McClure 'B' COI #22 since	we became operator on June 1, 2010.
However, we have failed to report to the NM OCD the amount of water being and will file reports (C-115's) for the period from June 1, 2010, to present no l	injected. We apologize for this oversite
to the period from dune 1, 2010, to present no	ater than October 28, 2011.
Spud Date: Rig Release Date:	
	<u> </u>
I hereby certify that the information above is transplanted to the control of the	
I hereby certify that the information above is true and complete to the best of my knowledge	and belief.
CICNIA TURE OAD L.O.	
SIGNATURE TITLE Operations Manager	DATE/0/10/11
Type or print name <u>Jim Wilson</u> E-mail address: <u>jwilson@3rnr.com</u>	PHONE: <u>512-600-3185</u>
For State Use Only	512-000-3103
APPROVED BY: TITLE STAFF MAY	10-17-7-
Conditions of Approval (if any):	DATE 10-12-201, OCT 13 2011