

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. 30-025-42545
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Blue Bird Drill Island (Fed)
8. Well Number Halfway SWD #1 <input checked="" type="checkbox"/>
9. OGRID Number 289936
10. Pool name or Wildcat SWD - Devonian

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 PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other SWD

2. Name of Operator
R360 Permian Basin, LLC

3. Address of Operator 3 Waterway Square Place, Suite 110
The Woodlands, Texas 77380

4. Well Location
Unit Letter M : 845 feet from the South line and 1030 feet from the West line
Section 22 Township 20 South Range 32 East NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3533.06

HOBBS OGD
 DEC 15 2015
 RECEIVED

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"/>		OTHER: Initial MIT <input checked="" type="checkbox"/>	
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input 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.

11/11/15 Perform MIT test to 550 psi for 30 min. Test good. Test was witnessed by BLM. No agent from NMOCD was on location due to office closure in observance of holiday. Copy of chart delivered to NMOCD Hobbs and BLM. Well is ready to be placed on injection.
 NMOCD order # SWD - 1529
 Federal Well

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 Chris Ruane TITLE Director of Engineering DATE 12/04/2015

Type or print name Chris Ruane E-mail address: ChrisR@WasteConnections.com PHONE: (832) 442-2200
For State Use Only

APPROVED BY: [Signature] TITLE Production Engineer DATE 12/15/15
 Conditions of Approval (if any):

DEC 21 2015