Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONSEDUATION DIVISION			
811 South First, Artesia, NM 88210 District III	OIL CONSERVATION DIVISION 2040 South Pacheco		30 - 045 - 3//73 5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE	
District IV 2040 South Pacheco, Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
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:			7. Lease Name or Unit Agreement Name:	
Oil Well Gas Well Other Swh				
2. Name of Operator			8. Well No.	
Buckeye Disposals, Inc				
3. Address of Operator P.O. Box 513 Hobbs Nm 88240			9. Pool name or Wildcat	
4. Well Location				
			* *	
Unit Letter:_	<u>467</u> feet from the	S line and	467 feet from	m theline
Section 24	Township 195	Range 37E	NMPM	County Lea
Section & /	10. Elevation (Show whether	er DR. RKB. RT. GR. et	(c.)	County 2 Pa
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
			SEQUENT RE	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	RK 🗆	ALTERING CASING L
TEMPORARILY ABANDON ☐ CHANGE PLANS ☒ COMMENCE DRI			RILLING OPNS. 🗌	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST A CEMENT JOB	ND	
OTHER:		OTHER:		
12. Describe proposed or complet	ed operations. (Clearly state al	l 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 recompilation.				
Decided Not	to set up	Pulling Var,	· }	11282930,30
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			,	TO THE REAL PROPERTY.
				1 The to the manufacture
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Tollow		LE Marage		DATE 6-8-07
Type or print name /erry	Wallace	,	Tolor	phone No. 393-8352
(This space for State use)				
APPROVED BY Laur W LIMB OF HELD REPRESENTATIVE INSTAFF MANAGER DATE JUN 1 9 200				