Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
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

Form C-103
Revised March 25, 1999

WELL API NO. 30-025-31173
5. Indicate Type of Lease STATE ☐ FEE ☒
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.)

7. Lease Name or Unit Agreement Name: CBM

1. Type of Well: Oil Well ☐ Gas Well ☐ Other SWD Disposal Injector
2. Name of Operator: Buckeye Disposal
8. Well No. 1
3. Address of Operator: PO Box 513 Hobbs NM
9. Pool name or Wildcat
4. Well Location
Unit Letter P : 467 feet from the South line and 467 feet from the East line
Section 24 Township 19 So. Range 37 E NMPM County
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3602 GL

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☒	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPLETION	☐	CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER:			

12. Describe proposed or completed operations. (Clearly state all 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.

Release Packer Pull tubing
Run back in well with bit Drill & Circulate well pull out of Hole
Run back in hole with packer set packer
Acidize well
Run MI test

OCT 2007 Received Hobbs OCD

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

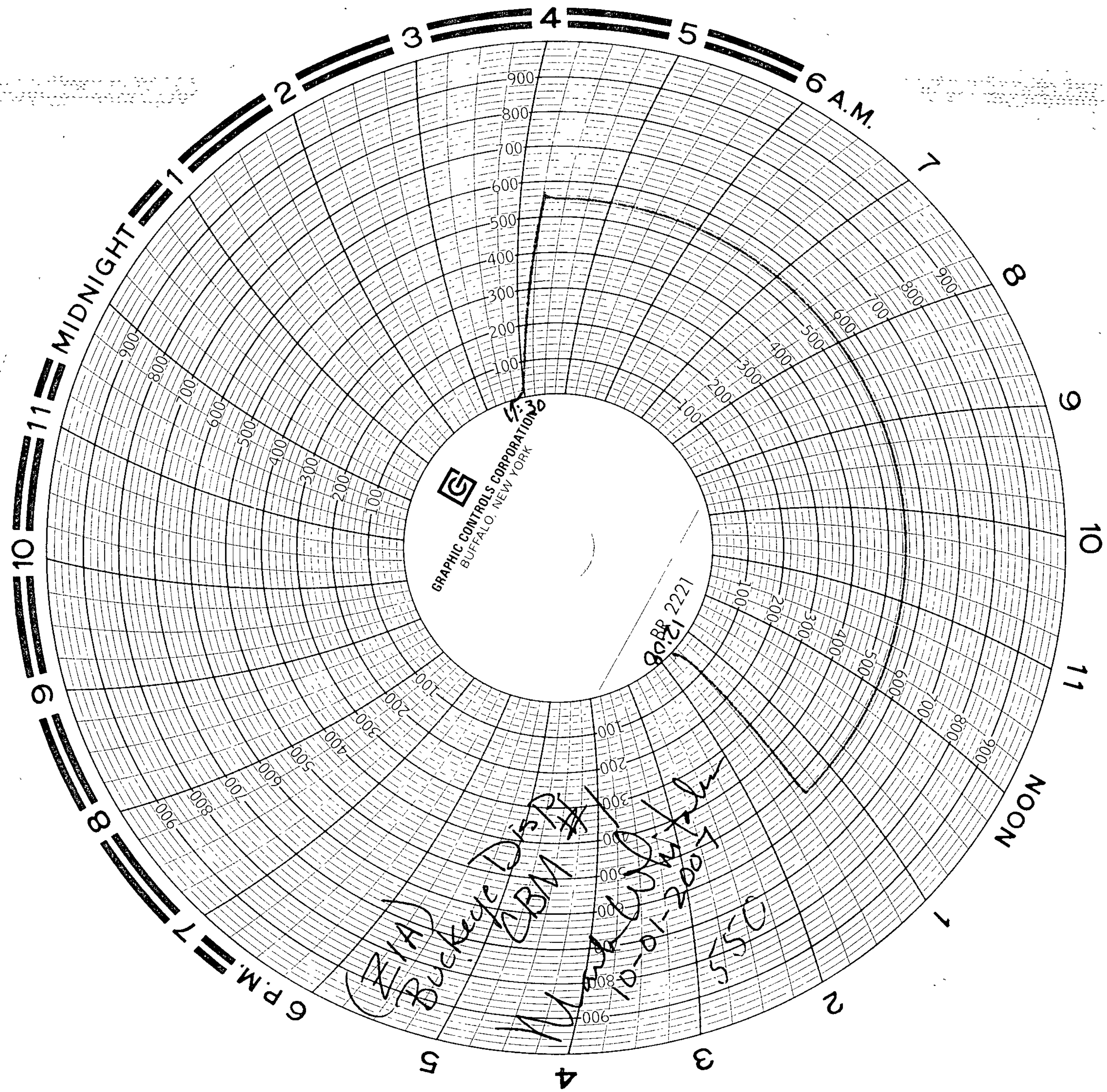
SIGNATURE J D Sayre TITLE Supervisor DATE 10-2-07

Type or print name J D SAYRE Telephone No.

(This space for State use)

APPPROVED BY Gary W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE OCT 02 2007

Conditions of approval, if any:


MIDNIGHT
6 A.M.
NOON
6 P.M.
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
BR 2221
Buckeye Disp
CBM #1
10-10-2007