

Office

District I

1625 N. French Dr., Hobbs, NM 88249

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St Francis Dr., Santa Fe, NM 87505

Energy, Minerals and Natural Resources

June 19, 2008

RECEIVED

FEB 17 2009

HOBSOCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-20980

5. Indicate Type of Lease

STATE ☒ FEE ☐ ☒

6. State Oil & Gas Lease No.

E-7723

7. Lease Name or Unit Agreement Name

State AF

8. Well Number 3

9. OGRID Number

222759

10. Pool name or Wildcat

SWD Wolfcamp

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: Oil Well ☐ Gas Well ☒ Other SWD ☒

2. Name of Operator

Buckeye Disposal

3. Address of Operator

PO BOX 2724 Lubbock, tx 79408

4. Well Location

Unit Letter L : 1980 feet from the South line and 990 feet from the West lineSection 8 Township 18S Range 35E NMPM County LEA

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

3963 DF

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Rig up Pulling Unit pull tubing and packer out hole .

Test tubing replace 5 joints of 2 7/8

Run model R packer with 299 joints 2 7/8 tubing

Set packer and load with packer fluid

Run chart 30 min

Test witnessed by Sylvia

Spud Date:

Rig Release Date:

1-21-09

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

SIGNATURE

TITLE

Operations Manager

DATE

2-11-09

Type or print name

James Millet

E-mail address:

James@pabservices.com

PHONE:

806 241 7405

For State Use Only

APPROVED BY:

Cory W. Hill

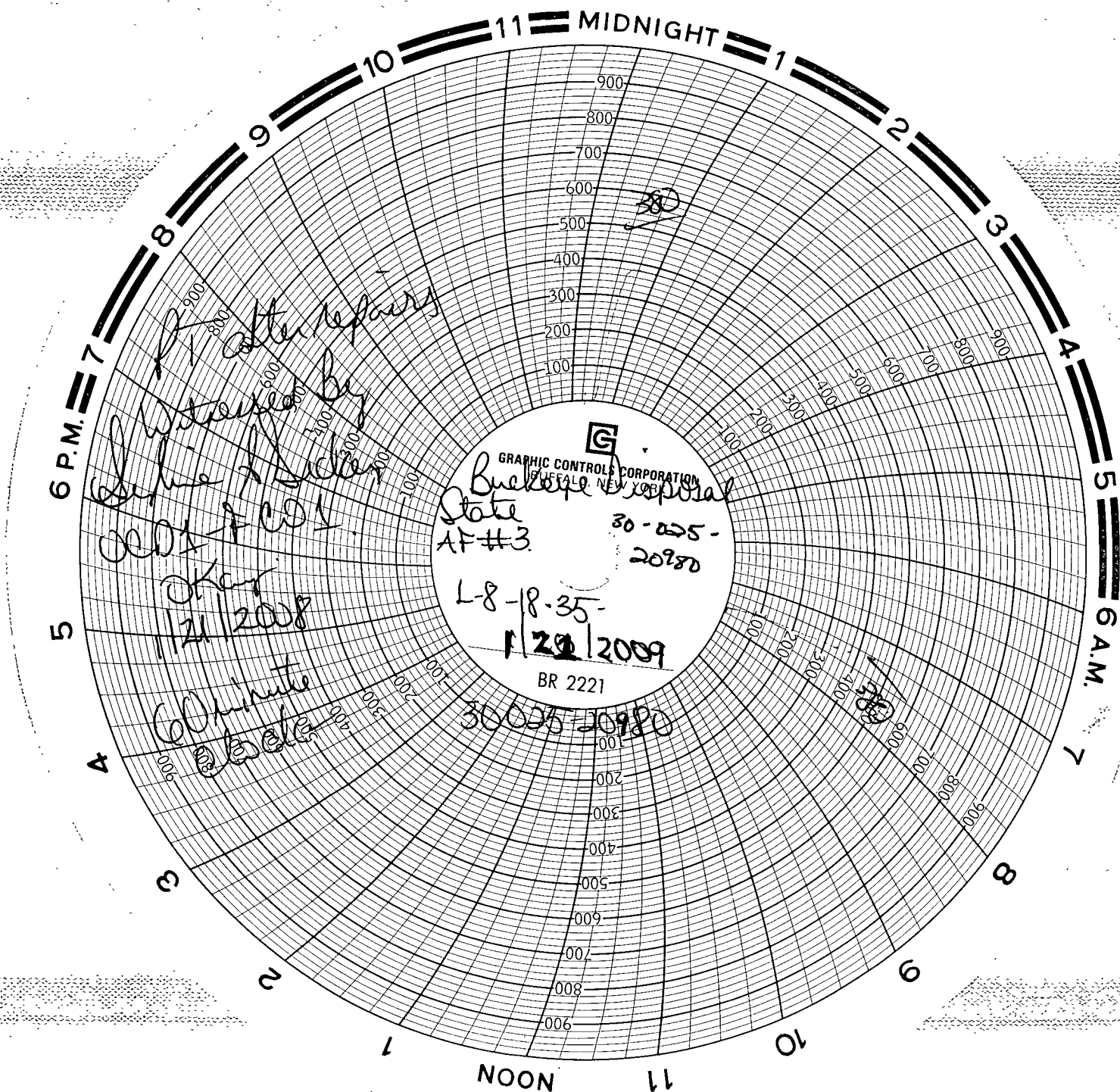
TITLE

DISTRICT 1 SUPERVISOR

DATE

FEB 18 2009

Conditions of Approval (if any):



1-21-09
Buckeye Disposal
State # 11
JD SAIRK 3