Submit I Copy To Appropriate District Office District I State of New Mexico Energy, Minerals and Natural Resources	Form C-103 October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II	WELL API NO.
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION	30 - 025 - 3//73 5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 South St. Rolls Di. Santa Fe, NM 87505	STATE FEE 🔀
1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.)	CBM #
1. Type of Well: Oil Well Gas Well Other Swd	8. Well Number
2. Name of Operator Buckeye Disposal LLC	9. OGRID Number
3. Address of Operator P.O. Box 5/3 Hobbs Nm	10. Pool name or Wildcat SKaggs Abo North
4. Well Location Unit Letter P: 467 feet from the 50 th line and	467 feet from the East line
Section 24 Township 195 Range 37 E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.	
12. Check Appropriate Box to Indicate Nature of Notice	•
NOTICE OF INTENTION TO: SUI PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WOR	BSEQUENT REPORT OF: RK ☐ ALTERING CASING ☐
= \	RILLING OPNS. PANDA
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT DOWNHOLE COMMINGLE	NT JOB
OTHER: OTHER: OTHER: OTHER:	nd give pertinent dates including estimated date
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Co	ompletions: Attach wellbore diagram of
proposed completion or recompletion.	1
Kig up Pulling Unit	
Rig up Pulling Unit Trip out of Hole with fubing	<u> </u>
Test Oacker.	
Per Underground Injection Control Program Manual	and the service of th
11.6 C Packer shall be set within or less than 100	
feet of the uppermost injection perfs or open hole.	Condition of Approval: Notify OCD Hobbs
0)	ffice 24 hours prior of running MIT Test & Charl
Spud Date: Rig Release Date:	
Thought contifue that the information has been also been	11.11.6
I hereby certify that the information above is true and complete to the best of my knowled	ige and benef.
SIGNATURE Julian TITLE Manager	DATE 5-20-11
Type or print name Torry Wallace E-mail address: terry Were E-mail address:	
	(om
APPROVED BY Conditions of Approval (if any). TITLE	DATE: 5-23-2011
Condition of Approval: Notify OCD Hobbs	
office 24 hours prior to running MIT Test & Chart.	