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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

3a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
E-8875

7. Unit Agreement Name

8. Farm or Lease Name
O'NEILL STATE SWD

9. Well No.
#1-L

10. Field and Pool, or Wildcat
PRAIRIE CISCO SOUTH

12. County
ROOSEVELT

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO PLEDEGE OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL GAS WELL OTHER SWD

Name of Operator
M & W OF LOVINGTON, INC

Address of Operator
BOX 922 LOVINGTON, NM 88260

Location of Well
UNIT LETTER L 1980 FEET FROM THE SOUTH LINE AND 660 FEET FROM WEST LINE, SECTION 16 TOWNSHIP 8s RANGE 36E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4108'

16. 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"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

1. CUT 4½" CASING 4200' & PULL.
2. RUN 8 5/8" PACKER & SET @ 4150'.
3. TEST DISPOSAL.
4. PULL TEST TUBING.
5. RUN 8 5/8" PACKER & SET @ 4150' ON PCID TUBING.
6. RETURN WELL TO DISPOSAL.

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

SIGNED: Shirley M. Wilson TITLE: PRESIDENT DATE: 6-18-85

FILED BY: _____ TITLE: _____ DATE: _____

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
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5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.
E-8875

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- SWD	7. Unit Agreement Name
2. Name of Operator M & W OF LOVINGTON, INC.	8. Farm or Lease Name O'NEILL STATE SWD
3. Address of Operator P.O. BOX 922, LOVINGTON, N.M. 88260.	9. Well No. 1 L
4. Location of Well UNIT LETTER L 1980 FEET FROM THE South LINE AND 660 FEET FROM THE WEST LINE, SECTION 16 TOWNSHIP 8S RANGE 36E N.M.P.M.	10. Field and Pool, or Wildcat PRAIRIE CISCO SOUTH
15. Elevation (Show whether DF, RT, GR, etc.) 4108	12. County ROOSEVELT

16. 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"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

1. Run free point & cut casing at maximum depth, approx 6400', spot cement plug 100' in and out of casing stud.
2. Run 8-5/8" packer on 2-3/8" fiberglass lined 2-3/8" EUE 8rd tbg. & set @ approx 4100'.
3. Pump packer fluid on backside & test 8-5/8" cgs.
4. Install triplex and return well to disposal service now in Ann Andres formation.

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

SIGNATURE Johnie W. Wilson TITLE PRESIDENT DATE 11/3/87
APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: