RM

Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		APR -8 2009	Form C-103 June 19, 2008
District I 1625 N French Dr, Hobbs, NM 88240	Energy, wither als and water at Resources		WELL API NO.	
District II 1301 W Grand Ave , Artesia, NM 88210	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		30-015-05617-00-	-00
District III			5. Indicate Type of Lease STATE FEE	
1000 Rio Brazos Rd, Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease 1	
1220 S St Francis Dr, Santa Fe, NM 87505				
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Ag	greement Name
(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			HINKLE F	
PROPOSALS)			9 Wall Name land	
1. Type of Well: Oil Well Gas Well Other INJECTION			9. OGRID Number	
2. Name of Operator MOMENTUM OPERATING CO, INC			196069	
3. Address of Operator			10. Pool name or Wildcat	
PO BOX 2439			SHUGART, YT, 7R	
4. Well Location				
Unit Letter F: 1880 feet from the NORTH line and 1980 feet from the WEST line				
Section F27 Township 18S Range 31E NMPM County EDDY				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO:				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐				
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB				
DOWNHOLE COMMINGLE	•			
OTHER: DULL TUBING & PACKER				
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.				
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1.) RIG UP WELL SERVICE RIG. RELEASE PACKER AND PULL TUBING.				
2.) RUN BACK IN HOLE COATED AD-1 PACKER AND NEW SALTA-LINED TUBING.				
3.) RUN MIT TEST, WITNESSED BY RICHARD INGE, OCD INSPECTOR.				
4.) RESUME INJECTION.				
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Spud Date:	Rig Release Da	ite:		
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
I hereby vertily that the information above is true and complete to the best of my knowledge and benefit.				
SIGNATURE SECRETARY DATE 4/6/09				
POD WITHING				
Type or print name BOB TIDWELL E-mail address: btidwell@bitstreet.cePHONE: (325)762-3331 For State Use Only com				
TOI State Use Offly				
APPROVED BY: / lacqui Law TITLE (sedingst DATE 4/9/2009				
Conditions of Approval (if any):/				