

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

C157
Op

Form C-103
Revised March 25, 1999

WELL API NO. 30-005-60604
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 025675
7. Lease Name or Unit Agreement Name: Seanna
7. Well No. 1
8. Pool name or Wildcat Bull's Eye San Andres

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	7. Well No. 1
2. Name of Operator M. E. W. Enterprise	8. Pool name or Wildcat Bull's Eye San Andres
3. Address of Operator 300 South Kentucky - Roswell, NM 88201	
4. Well Location Unit Letter A : 330 feet from the North line and 990 feet from the East line Section 12 Township 8S Range 28E NMPM Chaves County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

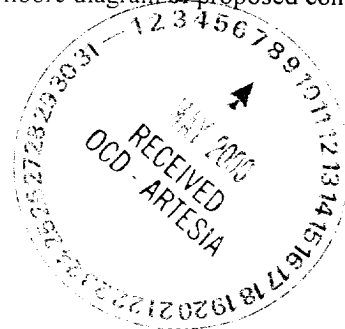
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Resume well to production ☐

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 recompletion.

Well was producing
Repaired some surface equipment



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

SIGNATURE Russell J. Whited TITLE Owner/Operator DATE 03/20/00

Type or print name Russell J. Whited

Telephone No. (505)627-2065

(This space for State use)

APPROVED BY Mica Stullfield TITLE Field Rep. II DATE 5/9/2000
Conditions of approval, if any: