

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

Form C-103
Revised March 25, 1999

WELL API NO.

30-005-60735

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

025675

7. Lease Name or Unit Agreement Name:

Seanna

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

2. Name of Operator

M. E. W. Enterprise ✓

3. Address of Operator

300 South Kentucky – Roswell, NM 88201

7. Well No.

3

8. Pool name or Wildcat

Bull's Eye San Andres

4. Well Location

Unit Letter A : 330 feet from the North line and 330 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 ☐

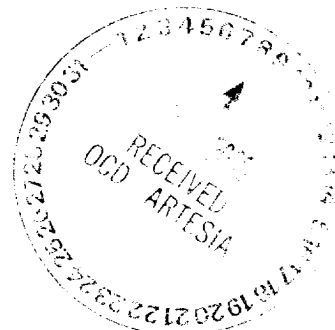
OTHER: Resume well to production ☐

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 recompilation.

Replaced electrical service

Replace rods & tubing

Resume well to production March 12, 2000



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

Mike Stillfield

TITLE

Field Rep. II

DATE 5/9/2000

Conditions of approval, if any: