

Submit 3 Copies To Appropriate District Office

District I
1625 N. French Dr., Hobbs, NM 88240

District II
811 South First, Artesia, NM 87210

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
1220 S. St. Francis Dr., Santa Fe, NM 87504

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87504

Form C-103

Revised March 25, 1999

WELL API NO. 62101
30-005-62102

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:
MARLISUE Queen Unit
TR. 2

8. Well No. 006

9. Pool name or Wildcat
Double L Queen

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
2796

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 Injection

2. Name of Operator
M.E.W. Enterprise

3. Address of Operator
300 South Kentucky Roswell N.M. 88203

4. Well Location
Unit Letter F : 1590 feet from the North line and 1870 feet from the West line
Section 24 Township 14S Range 29E NMPM County Chaves

11. 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 type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: <input checked="" type="checkbox"/>

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.

Resume Injection to well 9-29-01

Injection Rates will follow on C-1153



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

SIGNATURE Russell Whitel TITLE owner DATE 10-4-01

Type or print name Russell Whitel Telephone No. 607-2065
(This space for State use)

APPROVED BY Record Only TITLE _____ DATE _____
Conditions of approval, if any: