

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

CISF  
M

Form C-103  
Revised March 25, 1999

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-005-62102
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>Injection</u>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <u>M.E.W. Enterprise</u>		6. State Oil & Gas Lease No.
3. Address of Operator <u>300 South Kentucky Roswell N.M. 88203</u>		7. Lease Name or Unit Agreement Name: <u>MARLISUE Queen Unit</u>
4. Well Location Unit Letter <u>F</u> : <u>2140</u> feet from the <u>NORTH</u> line and <u>1870</u> feet from the <u>West</u> line Section <u>24</u> Township <u>14S</u> Range <u>29E</u> NMPM County <u>Chaves</u>		8. Well No. <u>0082</u>
10. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3801 GR</u>		9. Pool name or Wildcat <u>Double L Queen</u>

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

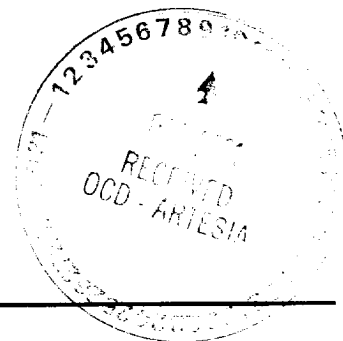
**NOTICE OF INTENTION TO:**  
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**  
REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☒

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.

Resume Injection to well 9-29-01

Injection Rates will follow on C-115's



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. 627-2065  
(This space for State use)

APPROVED BY Phil Hankins TITLE Compliance officer DATE 10/15/2001  
Conditions of approval, if any: