

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
 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

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.)		WELL API NO. 30-015-00623
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Water Injection Well <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Mc Quadrangle, L. L. C.		6. State Oil & Gas Lease No.
3. Address of Operator 7008 Salem Lubbock, TX 79424		7. Lease Name or Unit Agreement Name: South Red Lake Grayburg
4. Well Location Unit Letter <u>I</u> : 2310 feet from the <u>South</u> line and <u>990</u> feet from the <u>East</u> line Section <u>35</u> Township <u>17S</u> Range <u>27E</u> NMPM <u>Eddy</u> County		8. Well No. #19
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat Redlake Qn, GB, SA

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"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input 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 recompletion.

PUT IN METER. NEW WELLHEAD CONNECTION. RETURNED WELL TO INJECTION.

No MIT Required

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

SIGNATURE Horace DeLong TITLE Production Sup. DATE 5-6-00

Type or print name Horace DeLong 505-677-2334 Telephone No.

(This space for State use)

APPROVED BY [Signature] TITLE Field Rep DATE 3/23/01

Conditions of approval, if any: