

Submit 3 Copies
to Appropriate
District Office

STATE OF NEW MEXICO
Energy Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-01219

5. Indicate Type of Lease STATE ☒ FEE ☐

6. State Oil & Gas Lease No. B-752-2

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 INTJ

2. Name of Operator M^E QUADRANGLE L.C.

3. Address of Operator 7008 SALEM Lubbock, TX 79424

4. Well Location Unit Letter K : 2310 Feet From The S Line and 1650 Feet From The W Line Section 36 Township 17S Range 27E NMPM Eddy County

7. Lease Name or Unit Agreement Name South Redlake Grayburg

8. Well No. 21

9. Pool name or Wildcat Red Lake Q-G-SA

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

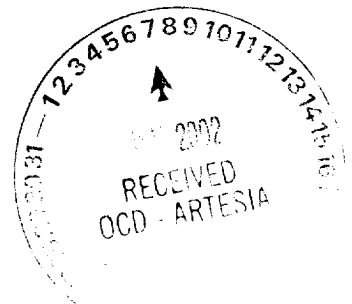
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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.

We plan to locate, repair casing leak and return to injection work to start 4/2002

This well must be in physical compliance
on or before 4-1-02



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

SIGNATURE [Signature] TITLE Agent DATE 1/7/2002

TYPE OR PRINT NAME Dorinda G. Becker TELEPHONE NO. 627-1090

(This space for State Use)

APPROVED BY [Signature] TITLE Field Rep ID DATE 1-9-02

CONDITIONS OF APPROVAL, IF ANY: