

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

451  
 Form C-103  
 Revised March 25, 1999

OIL CONSERVATION DIVISION  
 2040 South Pacheco  
 Santa Fe, NM 87505

WELL API NO. 30-015-04430
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
6. State Oil & Gas Lease No. C-2130
7. Lease Name or Unit Agreement Name:  State "CA"
8. Well No. 1
9. Pool name or Wildcat Loco Hills Queen Grayburg SA

**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   
 MNA Enterprises Ltd Co.

3. Address of Operator  
 106 W. Alabama, Hobbs, New Mexico 88242

4. Well Location  
 Unit Letter D : 990 feet from the 990 N line and 990 feet from the WEST line  
 Section 32 Township 17S Range 30E NMPM County EDDY

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3592

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

<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK	REMEDIAL WORK
TEMPORARILY ABANDON	ALTERING CASING
PULL OR ALTER CASING	COMMENCE DRILLING OPNS.
OTHER: <input checked="" type="checkbox"/>	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 recompilation.

Propose to pull rods and tubing, clean out if necessary and test well.

\* If well is tested.  
 A CTRP must be set in about 5' lifts.  
 + casing will be pressure tested w/chart for TA approval.  
 \* Monitor NMOCD to advise TA MIA.



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

SIGNATURE Daniel M. Alexander TITLE Manager DATE 5-12-2000

Type or print name Daniel M. Alexander Telephone No. (505) 392-2702

(This space for State use)  
 APPROVED BY Nina Stullfeldt TITLE Field Rep. II DATE 6/5/2000  
 Conditions of approval, if any: