

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

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO. 30-015-04430

5. Indicate Type of Lease
STATE ☒ 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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB	
OTHER: <input checked="" type="checkbox"/>		OTHER:	

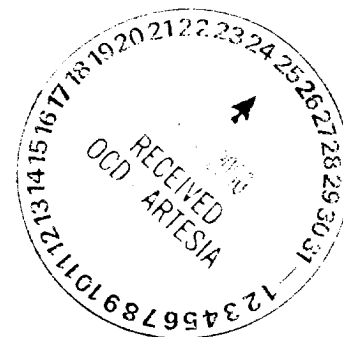
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

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

* If well is tied.

A CIP must be set in about 7 days.
+ casing will be pressure tested w/chart
for TA approval.

* Notice NMOC to be sent to 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 Stillwell TITLE Field Rep. II DATE 6/5/2000
Conditions of approval, if any: