Submit 3 Copies To Appropriate District	State of New Mex		<b>\frac{1}{2}</b>	Form C-103
Office	·			Revised March 25, 1999
strict I 25 N. French Dr., Hobbs, NM 88240		WELL API NO.		
District II			30-015-05499	
811 South First, Artesia, NM 88210			5. Indicate Type of Lease FEDERAL	
District III	2040 South Pacheco		STATE 🗆	FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
40 South Pacheco, Santa Fe, NM 87505		LC 07133		
	NEC AND DEPORTS ON WELLS		7. Lease Name or Unit Agreement Name:	
(DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR. USE "APPLICA PROPOSALS.)  1. Type of Well:	TION FOR PERMIT (FORM C-101) FOR	BACK TO A SUCH	Penasco Shugar	rt Queen Sand Unit
Oil Well Gas Well	Other Injection Well		8. Well No. Tract 3-1	
. Name of Operator		8. Well No. Tract 5 1		
MNA Enterprises Ltd. Co.			9. Pool name or Wildcat	
3 Address of Operator			Shugart Queen	
106 W. Alabama, Hobbs, New Mexico 88242			Shugari Queen	
4. Well Location			1650 feet from	n the East line
Unit LetterO:_	330 feet from the South	line and		
Section 8	Township 18S	Range 31E	NMPM	Eddy County
Section	10. Elevation (Show whether Di	R, RKB, RT, GR, e	tc.)	
	3675 (	G.L.		2
11 Check A	ppropriate Box to Indicate Na	ature of Notice,	Report or Other	Data
NOTICE OF INTENTION TO:			BSEQUENTIALION	
	PLUG AND ABANDON	REMEDIAL WO		ALTERING CASING
PERFORM REMEDIAL WORK	CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND		
TEMPORARILY ABANDON	MULTIPLE	CASING TEST AND		
PULL OR ALTER CASING	COMPLETION	CEMENT JOB		
OTHER: Return well to production	n <i>X</i>	OTHER:		
<ol> <li>Describe proposed or complet of starting any proposed work or recompilation.</li> </ol>	ted operations. (Clearly state all pe ). SEE RULE 1103. For Multiple	Compiend	•	
Tract 2-1 to waterflood inject Santa Fe OCD, on the planne waterflood the subject water	ell to production in order to saction service. (The basis of this ed application for converting flood unit.)	Fract 2-1 to inject 15678970772731415	ection service to n	
I horaby certify that the informat	ion above is true and complete to the	to best of my know	vledge and belief.	
i nereby certify that the matrimate				DATE 3-27-2000
SIGNATURE Daniel	M alexander TITLE	<u>Manager</u>		
	el M. Alexander		Telephone No. (	303) 392-2702
(This space for State use)				
APPPROVED BY Record On Conditions of approval, if any:	Ed from Unc Status &	5/9/01		DATE 6/19/2000.
,-	V	10.		