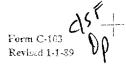
Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department



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

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO. 30-015-2352300

	Santa Fe, New Mexico		30-013 2332300		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		RECEIVED	5. Indicate Type of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		APR - 6 1992	6. State Oil & Gas Lease No. LG-5264		
SUNDRY NOTICES AND REPORTS ON WELLSO. C. D. (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DEFEND DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL OAS WELL X	OTHER		State IX Gas Com		
2. Name of Operator MW Petroleum Corporation	J		8. Well No.		
3. Address of Operator 1500 CityWest Blvd., Ste	400 Houston, Texas	77042	9. Pool name or Wildcat Baldridge Canyon (Morrow)		
4. Well Location Unit Letter H : 2030 F	eet From The <u>North</u>	Line and 890	Feat From The <u>East</u> Line		
Section 6			NMPM Eddy County		
	10. Elevation (Show whether	DF, RKB, RI, GK, &c.)			
11. Check Appr NOTICE OF INTEN	opriate Box to Indicate I		eport, or Other Data SEQUENT 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 CASING TEST AND			EMENT JOB [_]		
OTHER:		OTHER: Recompleded to higher interval in Morrow			
12. Describe Proposed or Completed Operations (6 work) SEE RULE 1103.	Clearly state all pertinent details, ar	nd give pertinent dates, inclu	ding estimated date of starting any proposed		
1-16-92 MIRU WO rig. S	et pkr at 10,388'.	Perf. interval	sxs (14') cmt. on top of 10,471'-10492'. Acidized. 2-6-92.		
	.		N.		
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I hereby certify that the informat	tion above is true and completely the best of my know	vledge and belief.	1	//	1 10
SIGNATURE CICK	i (l. Mosley	me Dleve	Crarle	I DATE Prelo	2 _, 199
SIGNATURE					
TYPE OR PRINT NAME				TELEPHONE NO.	
(This space for State Use)	ORIGINAL SIGNED BY		•		

(This space for State Use)

APTROVED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT IT

APR 1 0 1992

CONDITIONS OF APPROVAL, IF ANY: