

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

CISF
 Form C-103
 Revised March 25, 1999

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

WELL API NO. 30-015-~~05567~~ 05507

5. Indicate Type of Lease FEDERAL STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:
 Penasco Shugart Queen Sand Unit

8. Well No. Tract 1 #2

9. Pool name or Wildcat
 Shugart Y-SR-Q-G

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 Injection

2. Name of Operator
 MNA Enterprises Ltd. Co.

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

4. Well Location
 Unit Letter N : 330 feet from the South line and 1980 feet from the West line
 Section 9 Township 18S Range 31E NMPM County LEA

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3684 G.L.

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING MULTIPLE COMPLETION OTHER: Repair Tubing		SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB OTHER:	
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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 release Packer, pull tubing, replace bad tubing, replace packer, test casing and cut chart.



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 3-27-2000

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

(This space for State use)

APPROVED BY me Steelfield TITLE Field Rep II DATE 5/16/2000

Conditions of approval, if any: