District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Sante Fe, NM 87504-2088

ate of New Mexico
Energy, Minerals, & Natural Resources Department

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

CISF

Form C-103
Revised 1-1-89

APR 2002
RECEIVED
OCD - ARTESIA

WELL API NO. 30-005-10071
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)

7. Lease Name or Unit Agreement Name: Sturgeon

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: M.E.W. Enterprise
8. Well No. 2

3. Address of Operator: 300 S. Kentucky - Roswell, NM 88203
9. Poo l name or Wildcat: Linda San Andres

4. Well Location
Unit Letter F : 2310 Feet From The North Line and 2329 Feet From The West Line
Section 33 Township 6S Range 26E NMPM Chaves County

10. Elevation (Shoe whether DF. RKB. RT. GR. ect.) 3607

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

NOTICE OF INTENION 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	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER:			☐

12. Describe Proposed or Completed Operations *(Clearly state all pertinent details, and give perinent dates, including estimated date of starting any proposed work)* SEE RULE 1103 MIRU WSU 03-09-02 Remove production eqp. POOH w/ Rods & Tbg. Dump 1000# Sand Trip in hole Tag 1010' mix & pump 75sks cmt. Pull up & circ hole w/ Brine containing 25# gell/BBL. Pull out of hole. Perf 150'. Trip in hole to 03-11-195' mix & pump 36sks cmt circ cmt to surface Between 8 5/8 & 4½ csg. Pull out of hole Fill 4½ csg with cmt to surface

Post Plug

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

SIGNATURE Russell Whited TITLE Authorized Agent DATE 03-20-02

TYPE OR PRINT NAME Russell Whited TELEPHONE NO. (505)627-2065

(This space for State Use)

APPROVED BY TITLE Field Rep II DATE APR 12 2002