-15F
OP

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87504

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87504

Form C-103
Revised March 25, 1999

WELL API NO. 30-005-62531
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 RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: Maric Sue Queen Unit

1. Type of Well: Oil Well ☐ Gas Well ☐ Other Injection
8. Well No. 008
2. Name of Operator M.F.W. Enterprise
9. Pool name or Wildcat Double L Queen
3. Address of Operator 300 S. Kentucky Roswell, N.M. 88203
4. Well Location
Unit Letter F : 2140 feet from the North line and 2425 feet from the west line
Section 24 Township 14S Range 29E NMPM County Chaves
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3801 GR

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: Casing test ☒		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.

Load & Test casing, Resume Injection

Please notify me as soon as you have available Date for you to witness

Please Call Barry Duye 748-1283.

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

SIGNATURE Russell Whited TITLE Owner DATE 01-29-01

Type or print name Russell Whited Telephone No. 505-627-2065

(This space for State use)

APPPROVED BY Mike Williams TITLE Field Rep. II DATE 2/22/01

Conditions of approval, if any: