

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

c15F
bp

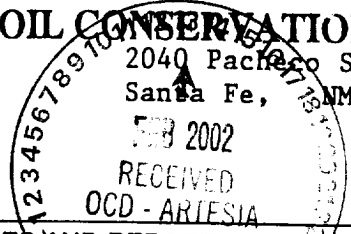
Form C-103
Revised 1-1-89

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION



2040 Pacifico St.
Santa Fe, NM 87505

WELL API NO.

30-015-26730

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

1. Type of Well:
OIL WELL GAS WELL OTHER *Salt Water Disposal*

Hudson Federal

2. Name of Operator
Sunackelrad Oil Company

8. Well No. *3*

3. Address of Operator
P.O. Box 10665 MIDLAND, TX 79702

9. Pool name or Wildcat
Shugart Y SR Q

4. Well Location
Unit Letter *D* : *2450* Feet From The *FNL* Line and *2310* Feet From The *FEL* Line

Section *11* Township *19S* Range *31E* NMPM *EDDY* County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER: *MIT AND put back into service*

PLUG AND ABANDON
CHANGE PLANS
REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
ALTERING CASING
PLUG AND ABANDONMENT
OTHER: *Testing SWD*

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.

Feb. 11, 2002

Pressure tested well to 300 psi for 30 min. Held OK. Witnessed by Mike Bestcher of NMOED. Put well back into service as Salt Water Disposal well.

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

SIGNATURE *[Signature]* TITLE *Owner* DATE *Feb. 11, 2002*

TYPE OR PRINT NAME *Dou Sunackelrad* TELEPHONE NO. *915-682-9784*

(This space for State Use)

Accepted for record - NMOED

APPROVED BY *[Signature]* TITLE _____ DATE *6-28-02*

CONDITIONS OF APPROVAL, IF ANY:

CR Sic # 10638
Room Inland
Kelly MacCARTHY In-FIELD Sdk.
1 FEB 2002
SHACKELFORD #3
HANSON FRI.

