Submit 3 Copies To Appropriate District	State of New	Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resources		Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 District II	The state of the s		WELL API NO.
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-25344 5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	d., Aztec, NM 87410 1220 South St. Francis Dr.		STATE x FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM	6. State Oil & Gas Lease No. 025964	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name:
(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.)			West Sawyer
1. Type of Well: Oil Well Gas Well X Salt Water Disposal Well			
2. Name of Operator			7. SFPRR No 21
Chi Operating	1		
3. Address of Operator P.O. Box 5155 Santa Fe NM 8750	12		9. Pool name San Andres
4. Well Location	<i>14</i>		
Unit Letter: O, 660 feet from the South line and 1980 feet from the East line			
Section 27			NIMEN COURT LEA
Section 27	Township 9S 10. Elevation (Show whether	Range 37E or DR. RKB, RT. GR. et	NMPM County LEA
3965 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 WOR	SEQUENT REPORT OF: CK
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST A	ABANDONMENT ND
OTHER:		OTHER: MIT Tes	t X 🗆
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.			
Mar Oil and Gas Corporation replace the tubing and packer in the well. Ran new 2 3/8 plastic coated tubing and set packer at 4930'			
Notified OCD for MIT test, Completed MIT test and started injecting produce water into original perfs.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE			
Type or print name Duane C Winkler			Telephone No.505-989-1977
(This space for State use) OC FIELD REPRESENTATIVE II/STAFF MANAGER JUN 1 7 2002			
APPPROVED BY Lauf W/L	und TITLE	O KENKESENTATIVE I	I/STAFF MANAGER JUN 1 7 2003
Conditions of approval, if any:	mi-pmile		DATE
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			Con OCD CON
			Hobbs OCD

Sawyer Field SFPRR NODI UNHO S27, T93, R37E API# 30-025-25344

