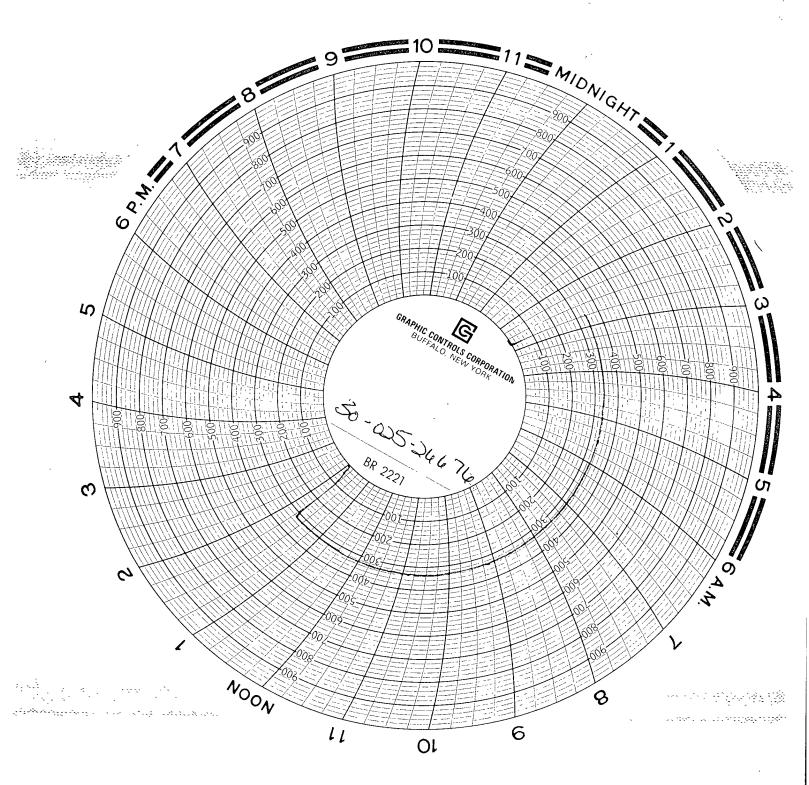
Submit 3 Copies To Appropriate District Office District I 1625 N French Dr , Hobbs, NM 88240 District II 1301 W Grand Ave , Artesia, NM 88210 District III 1000 Rio Brazos Rd , Aztec, NM 88210 District IV State of New Mexico Minerals and Natural Resources CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505	Form C-103 May 27, 2004 WELL API NO. 3002526676 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) 1. Type of Well: Oil Well	7. Lease Name or Unit Agreement Name MEADOR A #1 WEST JAL DISPOSAL 8. Well Number 9. OGRID Number 4058 10. Pool name or Wildcat 5WD-7 Rurs
Section 10 Township 25 Range 36 E NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.) Pit or Below-grade Tank Application or Closure Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water	
12. Check Appropriate Box to Indicate Nature of Notice,	SEQUENT REPORT OF: K
OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: The following estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. The following work has been completed to the completion of the completion of the completion of the completion.	
PULLING UNIT RIGGED-UP 3-19-09. PULLED OUT HOLE WITH OLD TUBING & LAY DOWN. RUN IN HOLE WITH 9 5/8 LOCKSET PACKER & NEW 2 7/8 POLY LINED TUBING & RUN IN HOLE TO 3608 FT. CIRCULATED 400 BBLS PACKER FLUID, SET PACKER. PULLING UNIT RIGGED DOWN. TEST SET FOR MONDAY 3-23-09 @ 11:00 A.M. NM TIME. TESTED CASING TO 350#. CASING HELD	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines, a general permit or an (attached) alternative OCD-approved plan SIGNATURE AGENT DATE 3-26-09	
Type or print name CARLA NEAL E-mail address: For State Use Only rapidtransport@	432 586-2027 Telephone No.
APPROVED BY: Tany J. J. TITLE DISTRICT 1 St. Conditions of Approval (if any):	



1000# Chart recorder

1hr Chart

Calibrated 11-10-08

Chance Properties
West JAL Disposal
Meador A#1
3-23-09.