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MAY 25 2010

HOR	HSIVI			
Submit One Copy To Appropriate District	State of New M	lexico		Form C-103
<u>District I</u> Energy, Minerals and Natural Resources		tural Resources		March 18, 2009
1625 N. French Dr., Hobbs, NM 88240 District II		•	WELL API NO.	
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		N DIVISION	30-025-37918	
District III 1220 South St. Francis Dr.		5. Indicate Type of L	FEE X	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		37505	6. State Oil & Gas Lo	
1220 S. St. Francis Dr., Santa Fe, NM		o. State on & das Et	asc Ivo.	
87505 SUNDRY NOTICE	ES AND REPORTS ON WELL	C	7 1	• • •
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			MONUMENT DISPOSAL (35738)	
1. Type of Well: Oil Well Gas Well Other SWD		8. Well Number #1		
2. Name of Operator			0.000	
MONUMENT DISPOSAL INC	9		9. OGKID Number	242044
3. Address of Operator			10. Pool name or Wil	deat
1314 BRITTANY, HOBBS, NM 88240		SWD; SAN ANDRES		
4. Well Location			0 11 2 , 0 1 1 1 1 1 1 1 1 1	GPS
Unit Letter H: 2582	feet from the N line and	309 feet from the E	line	LAT N 32' 37'
		1 LEA County		Long W 103' 19'
	1. Elevation (Show whether DK			
12. Check Appropriate Box to Ir	ndicate Nature of Notice, F	Report or Other Da	ata	
NOTICE OF INTE	NITION TO			
NOTICE OF INTE			SEQUENT REPOR	
TEMPOPARILY ARANGON TO CHANGE BLANC				
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB				
OLL STATE PER GROWN	DETITIES COMPE	CASING/CEMENT	JOB []	
OTHER:			dy for OCD inspection	after P&A
X All pits have been remediated in co	mpliance with OCD rules and the	ne terms of the Opera	tor's nit permit and clos	sure plan.
X Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.				
A steel marker at least 4" in diameter	er and at least 4' above ground l	evel has been set in c	concrete. It shows the	
APED ATOD NAME I DASE NAME WELL NUMBER AND ADDRESS OF THE OWNER.				
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR				
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.				
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and				
other production equipment.				
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. If this is a one-well lease or last remaining well on lease, the battery and nit location(s) have been remaining to the last remaining well on lease.				
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed				
from lease and well location.	s prepermit and closure plan.	in now lines, produc	uon equipment and juni	c nave been removed
X All metal bolts and other materials ha	ve been removed. Portable bas	es have been remove	d. (Poured ansite concre	ete hases do not have
to be removed.)			a. (· carea consite concit	ne buses do not have
X All other environmental concerns ha	ve been addressed as per OCD	rules.		
No Pipelines and flow lines have been al	pandoned in accordance with 19	.15.35.10 NMAC. A	All fluids have been rem	oved from non-
retrieved flow lines and pipelines.				
When all work has been completed, return	this form to the appropriate Di	atmint = 60 A 1		
1		sinci office to schedu	ne an inspection.	
1/n	1			
SIGNATURE /// COM	TITLE	MGR	DATE	5-25-10
Think on payers			2.112	
TYPE OR PRINT NAME Ken Marsh	E-MAIL: _		PHONE	: 575-631-6979
For State Use Only	\			
APPROVED BY: Wallet		ouplish (Micer DATE	12/12/201
Conditions of Approval (if any):	MWILL IIILE	Primare	DATI	: -110/2018