CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

Form C-103

to Appropriate District Office	Energy, Minerals and Natural Resources Department		Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION		WELL API NO.	
P.O. Box 2088			30-041-20	904
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of I	ease	
DISTRICT III		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	STATE FEE	
1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas L NM-577	ease No. 08
	TICES AND REPORTS ON W			
(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 U	nit Agreement Name
			MWJ 26 F	ederal
1. Type of Well: OIL GAS G				
WELL X WELL	OTHER			
2. Name of Operator MWJ PRODUCING COMPANY			8. Well No.	
3. Address of Operator			9. Pool name or Wildcat	
400 W. Illinois - Suite 1100 Midland, Texas 7970			l Vada/Penn	
4. Well Location				
Unit Letter <u>E</u> : 198	O Feet From The North	Line and 76	Feet From T	he <u>West</u> Line
Section 26	Taumakin QC	Range 36E	NMPM Roosev	elt County
Section 26	Township 85 ////// 10. Elevation (Show wheel)	Range 36E er DF, RKB, RT, GR, etc.)	NMPM ROOSEV	
	4072'	GL		
11. Check	Appropriate Box to Indicat	e Nature of Notice, R	eport, or Other I	Data
NOTICE OF IN			SEQUENT RE	
	_	1	<u> </u>	, ====================================
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	A	LTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	GOPNS. L	LUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CI	EMENT JOB	
OTHER:		OTHER:		X
12. Describe Proposed or Completed Ope work) SEE RULE 1103.	rations (Clearly state all pertinent details	, and give pertinent dates, inclu	ding estimated date of s	tarting any proposed
·				
	heater have been r	epaired, locat	tion cleane	d and well
put back	on production.			
I hereby cartify that the information above is t	rue and complete to the best of my knowledge		~ lant	0/10/01
SIGNATURE	neglu	mue Pat Drexle	-Agent	_ DATE
TYDE OR DRINT NAME	·			TELEPHONE NO.
TYPE OR PRINT NAME				
(This space for State Use)	DECORD			
i WK	RECORD CRIM	MM PA		
APPROVED BY		TITLE		DATE