

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-01154 SWD - 251
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. SWD - 251
7. Lease Name or Unit Agreement Name SAUNDERS 26 ST SWD
8. Well No. #1 2
9. Pool name or Wildcat SWD: San Andres

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 <input type="checkbox"/> GAS <input type="checkbox"/> OTHER <input type="checkbox"/> SWD	
2. Name of Operator MWJ PRODUCING CO.	
3. Address of Operator 400 W. ILLINOIS	
4. Well Location Unit Letter C : 330 Feet From The NORTH Line and 1650 Feet From The WEST Line Section 26 Township 14 S Range 33 E NMPM LEA 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 <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

PLUG #1 4231 - 4131 50 sacks WOC & TAG

PLUG #2 1450 - 1550 40 sacks

PLUG #3 10 sacks SURFACE

SALT GEL BETWEEN PLUGS

THIS DOCUMENT IS TO BE MAILED 24
HOURS AFTER THE COMPLETION OF
THE OPERATIONS FOR THE WELL
TO BE APPROVED.

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

SIGNATURE John L. Schlagal TITLE AGENT DATE 7/19/96
TYPE OR PRINT NAME JOHN L. SCHLAGAL TELEPHONE NO. (915) 682-1177

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JUL 24 1996
CONDITIONS OF APPROVAL, IF ANY:

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