

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. L-4945

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.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
Name of Operator MWJ PRODUCING COMPANY	8. Farm or Lease Name Saunders 16 State
Address of Operator 400 W. Illinois Suite 1100 Midland, Texas	9. Well No. 1
Location of Well UNIT LETTER I 660 FEET FROM THE East LINE AND 1980 FEET FROM THE south LINE, SECTION 16 TOWNSHIP 14S RANGE 33E NMPM.	10. Field and Pool, or Wildcat Saunders Permo Upper Penn
15. Elevation (Show whether DF, RT, GR, etc.) 4211.5	12. County Lea

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
REPAIR OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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.

10/22/87: Drilled to TD of 10140'. RU Casing Crew & ran 255 jts of 5-1/2" 17# casing & set @ 10140'. Cemented w/500 sx 50/50 poz, .6% Halide 22 & 5# KCL. Ran temperature survey, top of cement @ 8000'. WOCU.

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

Pat Drexler TITLE Pat Drexler - Agent DATE 10/23/87
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

COPIED BY _____ TITLE _____ DATE OCT 28 1987
CONDITIONS OF APPROVAL, IF ANY: