

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 3D-025-03673
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Mayme Graham
8. Well No. #1
9. Pool name or Wildcat Devonian

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER SWD	
2. Name of Operator H & M Disposal	
3. Address of Operator P.O. Box 1544, Lovington, New Mex 88260	
4. Well Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line Section 9 Township 15 S Range 36 E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3909 DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" 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.

The casing of H & M Disposal's Mayme Graham lease was informally pressure tested in advance of the mechanical integrity test scheduled for 10/16/2002 at 9:30 AM. There is some doubt as to wheather the well will pass the formal test. On 14 Oct the tubing will be removed from the well and pressure tested back into the well on top of a new packer. I anticipate the work will be completed sometime on 16 Oct. and will notify OCD by phone of progress of the remedial work.

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

SIGNATURE *D. M. Harrod* TITLE Operator DATE 9 Oct. 02
TYPE OR PRINT NAME D. M. Harrod TELEPHONE NO 396-6862

(This space for State Use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____

OCT 18 2002