

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.	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> SWD <input type="checkbox"/>	7. Lease Name or Unit Agreement Name  Mayme Graham
2. Name of Operator H & M Disposal	
3. Address of Operator P.O. Box 1544, Lovington, New Mexico 88260	8. Well No. #1
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 NMMP Lea County	9. Pool name or Wildcat Devonian
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3909 DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
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 pressure tested in advance of the mechanical integrity test scheduled for 21 February. When pressurized to 500 psi the casing leaked down to 400 psi in the 15 minute test period indicating a small leak. On 22 February depending on workover rig availability the well will be shut in and the leak located and repaired. We will notify OCD upon completion of the remedial work and reschedule the test.

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 12 FEB 2000  
TYPE OR PRINT NAME D. M. Harrod TELEPHONE NO. 396-6862

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: