

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

WELL API NO. 30-025-03673
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
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3909.5 DF

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 <input type="checkbox"/> SWD <input type="checkbox"/>
2. Name of Operator H & M DISPOSAL
3. Address of Operator P.O. Box 1544, Lovington, New Mexico 88260

4. Well Location Unit Letter N : 660 Feet From The S Line and 1980 Feet From The W Line Section 9 Township 15S Range 36E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3909.5 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.

I intend to test the well prior to the scheduled O.C.D. inspection on 22 April 1996. If the tubing and casing test good, we will be ready for the inspection at 9:00 AM, April 22, 1996. If the well fails the company test, H&M will start remedial work 22 April under observation of the Oil Conservation Division Field Inspector.

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 17 APRIL 96
TYPE OR PRINT NAME D.M. Harrod TELEPHONE NO. 396-6862

(This space for State Use)

APPROVED BY ORIGINAL TITLE DATE APR 19 1996

CONDITIONS OF APPROVAL, IF ANY:

829 0 1 199

