

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease

State ☐ Fee ☒

5. State Oil & Gas Lease No.

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>SWD</u>	7. Unit Agreement Name
2. Name of Operator <u>H&amp;M DISPOSAL</u>	8. Farm or Lease Name <u>MAYME GRAHAM</u>
3. Address of Operator <u>P.O. BOX 1544, Lovington, New Mexico 88260</u>	9. Well No. <u>#1</u>
4. Location of Well UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>S</u> LINE AND <u>1980</u> FEET FROM THE <u>W</u> LINE, SECTION <u>9</u> TOWNSHIP <u>15S</u> RANGE <u>36E</u> N.M.P.M.	10. Field and Pool, or Whdcat <u>EDDQUINN</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3909.5 DF</u>	12. County <u>Lea</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

26 MAR 92 - REPAIRS FOR THE HINNCH CREEKHEAD TEST  
REVEALED A TUBING LEAK. I WILL SHUT THE  
WELL DOWN ON 1 APRIL IN ORDER TO INSPECT  
THE TUBING AND WILL THEN TAKE  
APPROPRIATE REMEDIAL ACTION

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

SIGNED Donald M. Harold

TITLE OPERATOR

DATE 26 MAR 1992

APPROVED BY JERRY SEXTON  
SUPERVISOR

TITLE

DATE MAR 30 1992

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAR 27 1992

OCD HOBBS OFFICE