STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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HOITUBIRTEID		
BANTA FE		
FILE		
U.3.Q.5.		
LAND OFFICE		
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	OIL CONSERVATION DIVISION		
DISTRIBUTION	P. O. BOX 2088	Form C-103	
SANTA PE	SANTA FE, NEW MEXICO 87501	Revised 10-1-70	
FILE		Cla Jakana M	
U.S.Q.S.		5a. Indicate Type of Lease	
LAND OFFICE	<u> </u>	State Fee K	
OPERATOR		5, State Oil & Gas Lease No.	
SU SONOT USE THIS FORM FO	NDRY NOTICES AND REPORTS ON WELLS		
	LICATION FOR PERMIT -" IFORM C-101) FOR SUCH PROPOSALS.)		
		7. Unit Agreement Name	
were L	OTHER- SWD		
Name of Operator		8. Farm or Lease Name	
H&M DISPOSAL	•	VAVOGE CDAMAN	
, Address of Operator		MAYME GRAHAM 9. Well No.	
P.O. BOX 1544	, Lovington, New Mexico 88260	#1	
. Location of Well	,		
N		10. Field and Pool, or Wildcat	
UNIT LETTER N	660 FEET FROM THE S LINE AND 1980 FEET FROM	DEVONIAN	
THE LINE, :	SECTION 9 TOWNSHIP 155 RANGE 36E NMPM		
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County	
	3909.5 DF	Lea	
6. Che			
LICTION	ck Appropriate Box To Indicate Nature of Notice, Report or Ot		
NOTICE	F INTENTION TO: SUBSEQUENT	T REPORT OF:	
(m)			
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CMANGE PLANS CASING TEST AND CEMENT JOB		
	OTHER	<u></u>	
01 ME#			
7. Describe Proposed or Complet	ed Operations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of starting any proposed	
work) SEE RULE 1103.		· · · · · · · · · · · · · · · · · · ·	
•	•		
14 Aug 90	TURING WILL BE DE		
·	TUBING WILL BE REMOVED FROM WELL AND	INSPECTED TO	
	FIND A LEAK THAT HAS DE		
	FIND A LEAK THAT HAS CAUSED THE CASING TO	GO ON A	
	VACUUM Ann P.	- **	
	MITER KEPHIRS OIL CONSERVATION		
	VACUUM, AFTER REPHIRS, OIL CONSERVATION DIS	TRICT OFFICE	
	WILL BE NOTIFIED OF READULES TO		
	WILL BE NOTIFIED OF READINESS FOR AN OBSERU	ED	
	BRADENHEAD TEST.		
	19. * 32.		
	The octive and a second Notified 28 Notified To Second Management		
	TO A PARTY OF THE NOTIFIED		
	The state of the s	*	
	1 - 4 AA O'E	<u> </u>	
8. I herebycertify that the inform	ation above is true and complete to the best of my knowledge and belief.		
7)	/ showledge and order.		
II No M.	h/ (
IGNED A XONALO !!!	Clumbe vite OPERATOR	DATE 10 HUG 1990	
136 11			
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CONDITIONS OF APPROVAL, IF ANY: