

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 E M DISPOSAL</u>	8. Farm or Lease Name <u>Mayne Lick</u>
3. Address of Operator <u>P.O. Box 1544, LOUINGTON, NEW MEXICO 89260</u>	9. Well No. <u>MAYNE LICK #1</u>
4. Location of Well UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>1980</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>9</u> TOWNSHIP <u>15 S</u> RANGE <u>36 E</u> NMPM.	10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.)	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.

15 AUG 86 INTEND TO SET PACKER AT 13575 BELOW EXISTING PERFS AND LOAD FORMATION WITH P.W. TO CONFIRM ORIGINAL TEST RESULTS. AFTER 10 HOURS, PACKER WILL BE MOVED ABOVE OLD WORKCAMP PERFS TO 10000' AND SET TO TRY TO ISOLATE A SMALL GAS LEAK IN THE CASING.

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

SIGNED Donald M. Hamed TITLE OPERATOR DATE 14 AUG 86

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE AUG 15 1986

CONDITIONS OF APPROVAL, IF ANY: