Submit 3 Copies to Appropriate District Office

State of New Mexico E gy, Minerals and Natural Resources Departme.

Form C-103 Revised 1-1-89

DISTRICT

OIL CONSEDUATION DIVISION

WELL API NO.	
30-025-07962	
5. Indicate Type of Lease STATE	PEE X

P.O. Box 1980, Hobbs, NM 88240	310 Old Santa Fe Trail, Room 206		WELL API NO.	
DISTRICT II Sonto Fe New Mexico 97503		30-025-07962		
P.O. Drawer DD, Artesia, NM 88210	. ?		5. indicate Type of Lasse STATE FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	•	•	6. State Oil & Gas Lesse No.	
SUNDRY NO	TICES AND REPORTS OF	NWELLS		
(DO NOT USE THIS FORM FOR P	ROPOSALS TO DRILL OR TO DE ERVOIR USE "APPLICATION F	EEPENOR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
(FORM	C-101) FOR SUCH PROPOSAL	S.)	Pearl Goode	
1. Type of Well: OIL GAS WELL X WELL	OTHER			
2. Name of Operator			8. Well No.	
MNA Enterprises Lt 3. Address of Operator	d. Co.		3	
106 West Alabama,	Hobbe NM 9924	2	9. Pool name or Wildcat	
4. Well Location	110005, NM 0024	: Z	East Hobbs San Andres	
Unit Letter _C : _ 3	30 Feet From The Nor	th Line and 198	O Feet From The West Line	
Section 31	Towaship 18S	Range 39E whether DF, RKB, RT, GR, etc.)	NMPM Lea County	
		whether Dr, KLD, KI, GR, Sic.)		
11. Check	Appropriate Box to Indi	icate Nature of Notice, R	eport, or Other Data	
NOTICE OF IN			SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB	
OTHER:		OTHER: Return	n to Production	
MIRU Reeco Well Se tubing and packer. 4400' perfs. 4459 no fluid. P.O.O.H. and 2 3/8" tubing leak at production	ork started 12-6 rvice. Work wit G.I.H. with 2 ' - 4465' run pu with production set treating pachead, repair heals 15% HCL NE F	-96 Completed 1. h stuck tubing P 3/8" tubing and of mp and rods, inserting equipment G.I.H ker at 4350' load ad retest casing E Flush with 50 1	.0.0.H. with rods and O.P.M.A. and set s.n. at tall pump jack. Test pump with 5 1/2" treating packd backside and test to 500# 500# held ok, acidize San	
I hereby certify that the information above is true SIGNATURE ASSES W. ()	s and complete to the best of my knowledg	s and balis. TimeManager	DATE 2-24-97	
•	Alexander		TELEPHONE NO.	
(Thus space for State Use)				
ATTO S	e e e e e e e e e e e e e e e e e e e	gen c	MAR 0 4 1997	