State of New Mexico

Form C-103

Submit 3 copies o Appropriate District Office	Energ _.	inerals and Natural.	Resources Departmer		Revised 1-1-89
DISTRICT I	OII	CONSERVAT	ON DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM 88241	OIL	2040 Pache		30-025-0579	3 4
DISTRICT II		Santa Fe, NI		5. Indicate Type of Lease	
P.O. Box Drawer DD, Artesia, NM 88210		Junu 1 0, 111	., ., .	ST	TATE FEE 🗸
DISTRICT III				6. State Oil / Gas Lease No).
1000 Rio Brazos Rd., Aztec, NM 87410	TICES AND	REPORTS ON WELLS		e e de la	et ta a grafic
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				7. Lease Name or Unit Ag	
		SE "APPLICATION FOR PERM OR SUCH PROPOSALS.)	IT"	North Monument G/SA	
Oll	GAS -	,		1	
1. Type of Well WELL V	WELL U	OTHER			
2. Name of Operator	ada Hasa C	Corporation		8. Well No.	
		orporation		9. Pool Name or Wildcat	
3. Address of Operator P.O. E	30x 840, Se	eminole, TX 79360		Eunice Monume	ent G/SA
4. Well Location	=	_			
Unit Letter N	660	Feet From TheSo	uth Line and 1980	Feet From The <u>West</u>	Line
Section 32	Town	ship 19S	Range 37E NM	IPM Lea	COUNTY
2.450	10. E	Elevation (Show whether DF, F	IKB, RT,GR, etc.)	4,53%	i de la compania de
11. Chec	k Approx	oriate Boy to Indicate	Nature of Notice, Re	nort or Other Data	
				•	- 05
NOTICE OF INTEN				BSEQUENT REPORT	
PERFORM REMEDIAL WORK		AND ABANDON	REMEDIAL WORK	ALTERING CASI	
TEMPORARILY ABANDON	CHAN	GE PLANS	COMMENCE DRILLING OPER		NDONMENT
PULL OR ALTER CASING CASING TEST AND CEMENT OTHER: Convert to Water Injection Well.				JOB	
OTHER: Convert to	Water Inje	ction Well.	OTHER:		
Please refer Administrative Plan to MIRU pulling unit & csg. to 700 PSI. TOH w/RBI & O.H. w/4500 gal. 15% HCL press. test csg. to 700 PSI, o	TOH w/rod P. TIH w/4' . Swab we	ls & pump. Remove wellh ' hegs csg. gun & perf. 7" ⊵ll. TiH w/pkr. on IPC tbg.	csg. w/2 SPF fr. 3720' - 37 & set pkr. at +/- 3675'. Rei	787' & Open Hole fr. 3787' - 3 move BOP & install wellhead tatus from oil well to water i	3800'. Acidize perfs d. Circ. pkr. fluid &
I hereby certify that the information above is true SIGNATURE TYPE OR PRINT NAME RO	d complete to the	TITLE Bus. S	Svc. Spec. II	Modes OCD DATE _	02/11/2002 915-758-6778
THE OTHER MANUEL RO		//, VI.			B 1 2 2002
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APPROVED BY_

_DATE__