Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natur	ral Resources	WELL API NO	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONSERVATION DIVISION		WELL API NO. 30-025-27184	
811 South First, Artesia, NM 87210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV			STATE FEE 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			L-5317	
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. Type of Well:			7. Lease Name or Unit Agreement Name: Steve State	
Oil Well Gas Well Other Disposal				
2. Name of Operator McCasland Disposal System			8. Well No. 1	
3. Address of Operator PO Box 340			9. Pool name or Wildcat Jalmat-Yates	
4. Well Location	<u> </u>		<u> </u>	
Unit Letter <u>F</u> :1	980 feet from the101	<u>rth</u> line and	2310 feet fro	m the <u>west</u> line
Section 1	Township 225 Ra	nge 35E	NMPM	CountyLea
	10. Elevation (Show whether DI 3593		and the second	County Lea
				Data
NOTICE OF INT	propriate Box to Indicate Na ENTION TO		SEQUENT RE	
		REMEDIAL WOR		
	CHANGE PLANS	COMMENCE DR	RILLING OPNS.	
PULL OR ALTER CASING	MULTIPLE	CASING TEST A		ABANDONMENT
OTHER:		OTHER:		
12. Describe proposed or completed of starting any proposed work). or recompilation.	d operations. (Clearly state all per SEE RULE 1103. For Multiple (tinent details, and Completions: Attac	give pertinent dates, ch wellbore diagram	including estimated date of proposed completion
	nstall BOP			
9/23/01 Circulate h 9/24/01 POH to 3710 WOC 6hrs; t	tubing; tag TOC @ 40 ole w/ gel mud ' spot 25sk plug ag plug @3814 g @3710: WOC 6hrs	75		
(/25 1 01 Tag plug @ 3 POH to 1950	510 ' spot 100' plug spot 100'plug			
9/26/01 RIH w/ 450'	tubing and pump ceme ean location ; Instal			
I hereby certify that the information	above is true and complete to the	best of my knowle	dge and belief.	91
SIGNATURE Stalla	title	[AUTN'	BIC	DATE 912710,
Type or print name 30/3	3 Citetteon		Tele	phone No. 5-5- 311-46
(This space for State use)	20 1	<i>(,)</i>	2	
APPPROVED BY Conditions of approval, if any	men TITLE_	finte	- F	_DATE /0-3/-0/
GWW				

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