20.000,000	Energy, Minerals and Natural Resources Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION ELLI Outh First, Artesia, NM 88210 ELLI 1220 South St. Francis Dr.		Form C-103 Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 District II 811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410			WELL API NO. 3D - 025 - 26576 5. Indicate Type of Lease STATE FEE X
District IV Santa Fe, NM 87504 1220 S. St. Francis Dr., Santa Fe, NM 87504			6. 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. Type of Well: Oil Well Gas Well Other SWD			7. Lease Name or Unit Agreement Name: Meador A West Jal Disposal
2. Name of Operator Chance Properties			8. Well No.
3. Address of Operator Box 1221 Kermit, TX 79745			9. Pool name or Wildcat SWD: Seven River
4. Well Location Unit Letter G: 1980 feet from the North line and 1980 feet from the East line			
Section 10 Township 25 S Range 36 E NMPM County Lea 10. Elevation (Show whether DR, RKB, RT, GR, etc.)			
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRII			LING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING MULTIPLE CASING TEST A CEMENT JOB			
OTHER:		OTHER:	
12. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. The Meador #1 was shut in due to mechanical integrity problems. We plan to repair well as listed: 1) Rig up, pull tubing and pkr 2) Test casing, repair as needed 3) Replace tubing & pkr, will run new string of tubing 4) Test well 5) Notify NMOCD before starting any work and before testing			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE			
Type or print name Eddie W.	Seay		Telephone No392-2236
(This space for State use) APPPROVED BY Conditions of approval, if any:	TITLE	y e es e e e e e e e e e e e e e e e e e	DATE



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