

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-005-27081
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Woolworth Estate SWD 1-E
8. Well No. 1-E
9. Pool name or Wildcat Langlie Mattix

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Disposal Well	
2. Name of Operator Sid Richardson Gasoline Co.	
3. Address of Operator PO Box 1311 Jal, New Mexico 88252	
4. Well Location Unit Letter E : 1570 Feet From The North Line and 800 Feet From The West Line Section 33 Township 24-S Range 37-E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3265.2' GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Repair, test, and operation <input checked="" type="checkbox"/>

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.

Repaired well by pulling and replacing old tubing and packer with new tubing and packer. Tested the disposal well on 3/4/94 at 340 psi for a period of 19 minutes. Placed the disposal well back in service on 3/5/94.

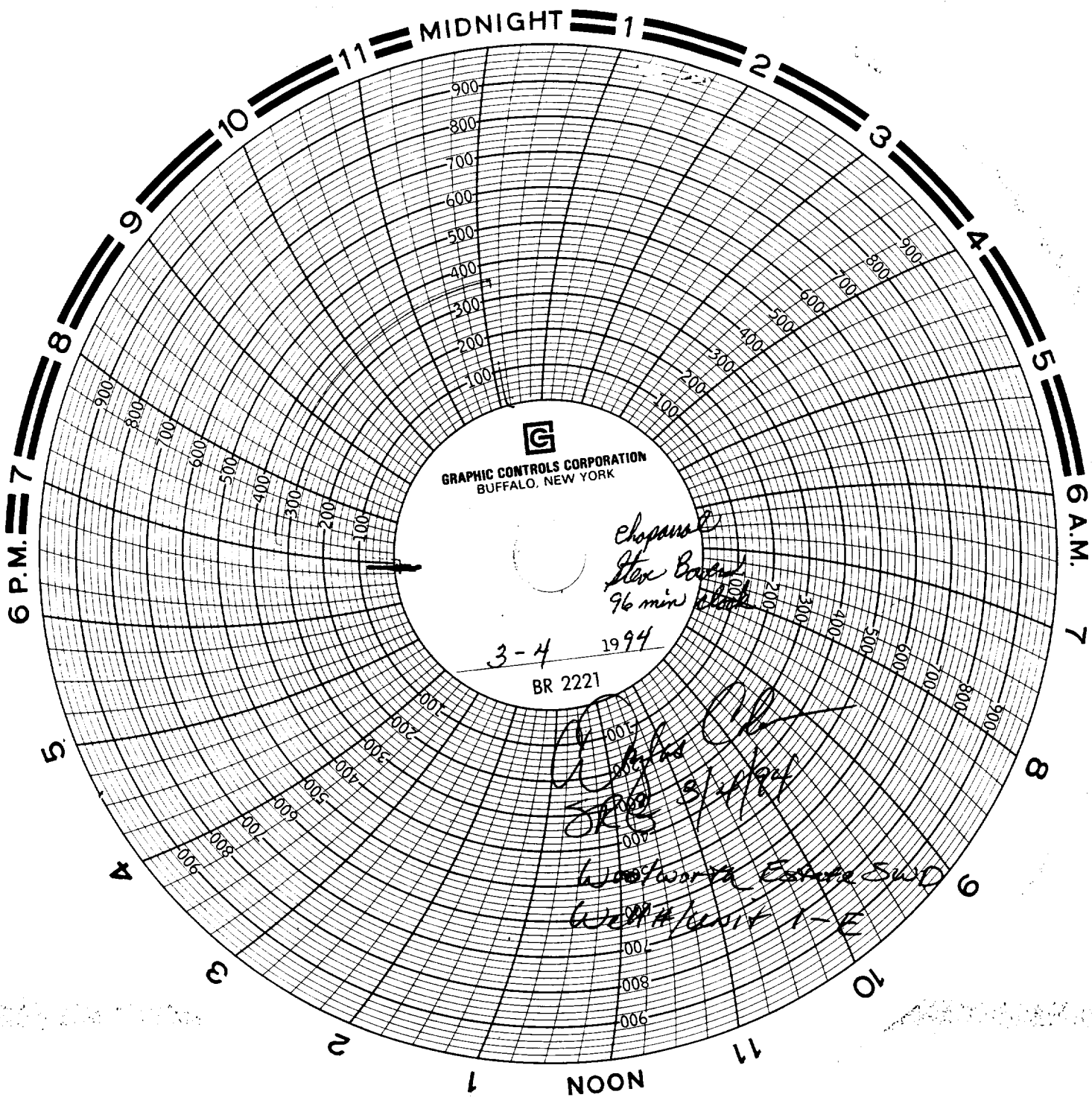
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Douglas Coleman TITLE Plant Engineer DATE 3/5/94
TYPE OR PRINT NAME Douglas Coleman TELEPHONE NO. (505) 395-2068

(This space for State Use)

APPROVED BY _____ TITLE DISTRICT I SUPERVISOR DATE MAR 15 1994
CONDITIONS OF APPROVAL, IF ANY.

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

Chopawald
Stev. Barent
96 min clock

3-4 1994

BR 2221

[Signature]
A. J. [unclear]
3/2/94

Woodworth Estate SWD
W. [unclear] 1-E