

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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-025-28324
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name J. A. Koontz
2. Name of Operator MNA Enterprises Ltd. Co.	8. Well No. 002
3. Address of Operator 106 W. Alabama Hobbs, NM 88242	9. Pool name or Wildcat Jalmat Tansill Yates 7 Rivers

4. Well Location Unit Letter H : 1650 Feet From The N Line and 330 Feet From The E Line Section 14 Township 25S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
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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: Return to Production <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.
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3-26-98 Rig up. P O O H with production Equipment. Clean out and fill and acidize perfs with 1500 gallons acid. Return to production.

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

SIGNATURE Daniel M. Alexander TITLE Manager DATE 3-30-98
TYPE OR PRINT NAME Daniel M. Alexander TELEPHONE (505) 392-2702

(This space for State Use)

APPROVED BY WINK TITLE REPRESENTATIVE DATE MAY 13 1998

CONDITIONS OF APPROVAL, IF ANY: