Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
<u>District II</u> - (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-25655
District III - (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE 7 FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		R-9730
SUNDRY NOTICE	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR LISE "APPLICAT	LS TO DRILL OR TO DEEPEN OR PLUG BACK TO A FION FOR PERMIT" (FORM C-101) FOR SUCH	-
PROPOSALS.)		Eastland Queen Unit 8. Well Number Da
1. Type of Well: Oil Well Ga 2. Name of Operator Ga	as Well 🗶 Other	9. OGRID Number
George A. Chase	Jr. OBA G and C Service	9. OGRID Number 265378
3. Address of Operator	•	10. Pool name or Wildcat
P.O. Box 161	8 Artesia, NM 88211	Turkey track: 7545-QU-6B-SA
4. Well Location		
Unit Letter : C		<u>990</u> feet from the <u>West</u> line NMPM County F _1_
	Township 195 Range 29E 11. Elevation (Show whether DR, RKB, RT, GR, etc.	
12 Check An	propriate Box to Indicate Nature of Notice	r Papart or Other Data
		, Report of Other Data
		SEQUENT REPORT OF:
	PLUG AND ABANDON 🔲 🔰 REMEDIAL WOI CHANGE PLANS 🔲 🚽 COMMENCE DE	RILLING OPNS. P AND A
		_
CLOSED-LOOP SYSTEM		
13. Describe proposed or complete	ed operations. (Clearly state all pertinent details, and	nd give pertinent dates, including estimated date
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Co	ompletions: Attach wellbore diagram of
proposed completion or recom	•	
-Scheduled	M.I.T. Syear tes	st
	•	
- MIT. Test	was successful W.	thessed by
Das Smolit	was successful. W. With the NMOCD.	
	•	RECEMED
- Wellbore is	in production.	
		APR 0 9 2019
Spud Date:	Rig Release Date:	DISTRICT II-ARTESIA O.C.D.
hereby certify that the information abo	ove is true and complete to the best of my knowled	
nereby certify that the information abo	by is the and complete to the best of my knowled	ge and belief.
SIGNATURE Com	TITLE OD Admin	DATE 4/9/2010
	TITLE Op Admin ase E-mail address: <u>Chevy</u> co	DAIE[0]&0/4/14
Type or print name <u>Greg</u> Ch.	ase E-mail address: <u>Chevy CO</u>	Be hotmail coRHONE: 575-703-660
		,
APPROVED BY: Dela	TITLE Complianet	Africe DATE 10-19
Conditions of Approval (if any):		
	•	