

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

**OIL CONSERVATION DIVISION**  
2040 Pacheco St.  
Santa Fe, NM 87505

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

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

WELL API NO.  
30-025-00155

5. Indicate Type of Lease  
Federal STATE  FEE

6. State Oil & Gas Lease No.  
NMNM 71002X

**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.)

7. Lease Name or Unit Agreement Name  
Northeast Caprock Queen Unit  
8910081640

8. Well No.  
19

9. Pool name or Wildcat  
Caprock Queen

1. Type of Well:  
OIL WELL  GAS WELL  OTHER

2. Name of Operator  
Injection

3. Address of Operator  
Sierra Blanca Operating Company

4. Well Location  
802 Turner, Cleburne, Texas 76031

Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line

Section 21 Township 12S Range 32E NMPM  
10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3900 County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>Mechanical Integrity Test prior to converting to oil</u> <input type="checkbox"/>		OTHER: _____ <input 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.

Requesting a schedule for a mechanical integrity test in order to convert this well to an oil producer  
For the week beginning March 15, 1998

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

SIGNATURE Karol Rennels TITLE Agent DATE 3/10/98

TYPE OR PRINT NAME Karol Rennels TELEPHONE NO. (817) 556-3973

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUN 29 1998

CONDITIONS OF APPROVAL, IF ANY: