Submit 3 Copies To Appropriate District Office District I	State of Mem Micking			Form C-103  Revised March 25, 1999		
1625 N. French Dr., Hobba, NM 88240  District II 311 South First, Artesia, NM 88210  District III 1000 Rio Brazos Rd., Azzec, NM 87410  District IV  OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505				WELL API NO. 30-02526329  5. Indicate Type of Lease STATE XX FEE  6. State Oil & Gas Lease No.		
						2040 South Pacheco, Santa Fe, NM 87505 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:				7. Lease Name of	Unit Agreement Name:	
Oil Well				New Mexico G State		
<ol><li>Name of Operator Joe Melton Drilling</li></ol>	Co., Inc.			8. Well No.	20	
3. Address of Operator P.O. Box 4203 Midland, Texas 79704				9. Pool name or Wildcat		
4. Well Location				<u>TEUMONT Yates</u>	7 Rvrs Queen oil	
Unit Letter M :	660 feet from the	e South	line and	660 feet from	n'the West line	
Section 23		21S Ra		NMPM Lea	County	
	10. Elevation (Shows 3570)	wweth <b>er</b> Di	K, KKB, KT, GK, et	c.)		
NOTICE OF IN PERFORM REMEDIAL WORK				SEQUENT REI		
}				ILLING OPNS. 🗌	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	ND	. ••	
OTHER:			OTHER: placi			
<ol> <li>Describe proposed or comple of starting any proposed work or recompilation.</li> </ol>	ted operations. (Clearly). SEE RULE 1103. Fo	y state all per or Multiple (	rtinent details, and properties. Attac	give pertinent dates, th wellbore diagram	including estimated date of proposed completion	
This well was origina more if we placed it	lly produced wit on pump. We ins	th a plun stalled a	nger lift. W pumping uni	e felt this we t on this wel	ell would produce l on March 20th.	
The well is presently	producing 12 E	30, 4 BW,	, 350 MCF per	day.		
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				•	•	
I hereby certify that the informatio	n above is true and com	plete to the	best of my knowled	ige and belief.		
signature Kalln	000m	TITLE_	Secretary		<b>DATE</b> 4/26/01	
Type or print name Kar	en Allen			Telep	hone No. 915 682-5461	
(This space for State use)			Vile S Vend	sign oy	,	
APPPROVED BYConditions of approval, if any:		_TITLE_	$G_{600}$	n grins Grigge	DATE	