

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

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. 30-005-00875

5. Indicate Type of Lease STATE [] FEE [x]

6. State Oil & Gas Lease No. 891006920

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

1. Type of Well: OIL WELL [] GAS WELL [] OTHER INJ

Rock QUEEN

2. Name of Operator NORTHLAND OPER. CO

8. Well No. 37

3. Address of Operator 3500 OAKLAWN STE 380 L.B. 31 DALLAS TX. 75219-4398

9. Pool name or Wildcat QUEEN CAPROCK

4. Well Location Unit Letter C : 660 Feet From The NE 1/4 N Line and NW 1/4 R30 Feet From The W Line

Section 26 Township 13 Range 31 NMPM CHAVES County

10. Elevation (Show whether DF, RRB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK [x] PLUG AND ABANDON [] TEMPORARILY ABANDON [] PULL OR ALTER CASING [] OTHER: []

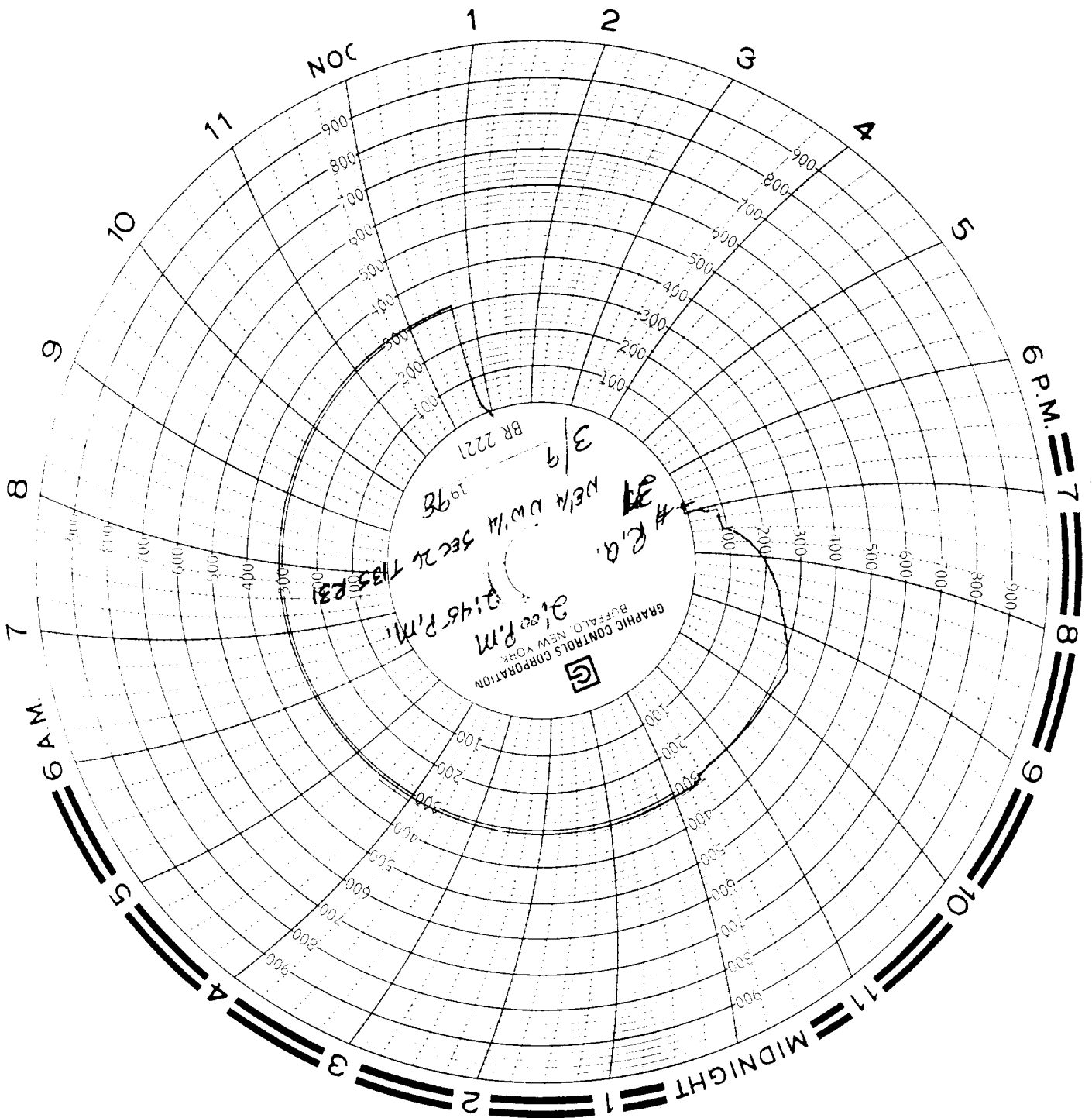
REMEDIAL WORK [x] ALTERING CASING [] COMMENCE DRILLING OPNS. [] PLUG AND ABANDONMENT [] CASING TEST AND CEMENT JOB [] OTHER: []

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.

PRESS CK CASING 300# 15MIN CK OK BACK ON INJ 3/9/98

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE [Signature] TITLE FOREMAN DATE 4/11/98 TYPE OR PRINT NAME SHANE FERUSON TELEPHONE NO. 760-4676

(This space for State Use) ORIGINAL SIGNED BY [Signature] TITLE [Signature] DATE [Signature] APPROVED BY [Signature] TITLE [Signature] DATE [Signature] CONDITIONS OF APPROVAL, IF ANY: [Signature]



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