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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
TOM BIUS		N. Caprock Queen Unit #1
3. Address of Operator		9. Well No.
304 Wall Towers West, Midland, Texas 79701		Tract 29 - Well No. 11
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER <u>K</u> , <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM		Caprock Queen Lea
THE <u>West</u> LINE, SECTION <u>8</u> TOWNSHIP <u>13S</u> RANGE <u>32E</u> NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
---		Lea

16. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER <input type="checkbox"/>	

17. 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.

Work approved August 25, 1969 was never completed.

Status: Temporary Plug & Abandon, unless notified

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNED <u>Tom Bius</u>	TITLE <u>Operator</u>	DATE <u>8-14-70</u>	
APPROVED BY <u>[Signature]</u>	TITLE <u>STAFF SECRETARY</u>	DATE <u>8-14-70</u>	
CONDITIONS OF APPROVAL, IF ANY:			