State of New Mexico 'Ainerals and Natural Resources Department Er.,

Form C-103 Revised 1-1-89

District Office			•
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206		WELL API NO. 30-025-01644
DISTRICT II Santa Fe, New Mexico 87503 P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease Federal STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. 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			7. Lease Name or Unit Agreement Name
DIFFERENT RESEI (FORM C	RVOIR. USE "APPLICATION FOR PER -101) FOR SUCH PROPOSALS.)	RMIT	
I. Type of Well: OIL GAS WELL WELL OTHER WIW		EK Queen Unit	
2. Name of Operator Seely Oil Company		8. Well No. 611	
3. Address of Operator 815 W. 10th St., Fort Worth, Tx. 76102			9. Pool name or Wildcal EK Yates-SR-!ueen
4. Well Location	O Feet From The South	Line and660	Feet From TheEast Line
Section 24	Township 18S Ra	nge 33E	NMPM Lea County
	10. Elevation (Show whether 3953.6 GL, 395	58 RKB	
11. Check	Appropriate Box to Indicate I	Nature of Notice, Re	eport, or Other Data
NOTICE OF INT	ENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB L
OTHER:		OTHER:	
work) SEE RULE 1103.			uding estimated date of starting any proposed
Seely Oil Company proposout below:	ses to repair the EK Qu	een Unit #611 w	vater injection well as set
 Remove cement lined Test casing for lead 	ks.	norfo (causes	o loak
 If a csg. leak is to Drill out & test csg 	ound, set an RBP above	peris. a squeez	e lear.
5. Re-perforate Queen from 4365-76' and 4409-19' w/2 SPF.			
6. Acidize w/1500 gals. acid & test injectivity. 7. If necessary, fracture stimulate w/gelled Kcl & sand.			
7. If necessary, fraction 8. Install Salta lined	tbg. & a plastic coate	ed AD-I pkr. @ 4	1300'±.
9. Test csq. annulus pe	er OCD requirements.		
10. Return well to inje			
I hereby certify that the information above is true	and complete to the best of my knowledge and bel	ief.	
	Denda de	Petroleum E	Engineer DATE 2/14/00

SIGNATURE Want TELEPHONE NO. 817/332-1377David L. Hendersen TYPE OR PRINT NAME (This space for State Use) - DATE _ TITLE -APPROVED BY ---