

Submit 3 Copies To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 88240  
 District II  
 811 South First, Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised March 25, 1999

OIL CONSERVATION DIVISION  
 2040 South Pacheco  
 Santa Fe, NM 87505

WELL API NO.	30-025-08077
5. Indicate Type of Lease	FEDERAL STATE <input type="checkbox"/> FEE
6. State Oil & Gas Lease No.	NMLC063441
7. Lease Name or Unit Agreement Name:	Young <del>Queen</del> Federal Unit
8. Well No.	006
8. Pool name or Wildcat	Young Queen
4. Well Location	Unit Letter <u>H</u> : <u>1980</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>East</u> line Section <u>17</u> Township <u>18S</u> Range <u>32E</u> NMPM County <u>Lea</u>
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	

**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:  
 Oil Well  Gas Well  Other

2. Name of Operator Sierra Blanca Operating Co.

3. Address of Operator 1111 N. Washington  
Roswell, New Mexico 88201

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	REMEDIAL WORK
PLUG AND ABANDON	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.
CHANGE PLANS	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB
MULTIPLE COMPLETION	OTHER:

OTHER: Return to production

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Install producing equipment and test well.

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

SIGNATURE Clyde A. Liley TITLE President DATE \_\_\_\_\_

Type or print name Clyde A. Liley Telephone No. (505) 622-8528  
 (This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of approval, if any:

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