

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. 30-005-60314
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. K-4321
Lease Name or Unit Agreement Name State
Well No. 3
Pool name or Wildcat Double L Queen

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator Corinne Grace	
Address of Operator P.O. Box 1418, Carlsbad, NM 88220	
Well Location Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line Section 1 Township 15S Range 29E NMPM Chaves County	
Elevation (Show whether DF, RKB, RT, GR, etc.)	

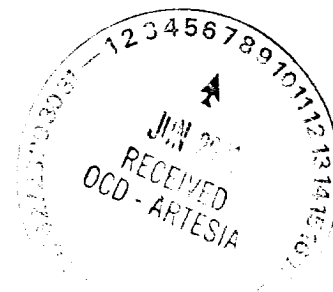
11

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ANBANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

1. POH w/ rods & tubing
2. Set CIBP @ 1875 W/ 35' cmt. on top
3. Cut & pull 5 1/2 @ 1250 + or -
4. RIH spot 100' plug (50' in & out stub bottom salt 1300
5. Spot 100' plug @ 450 (85/8 shoe @ 395)
6. Spot 30' plug from 30' to surface
7. Cut off well head install dry hole marker



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

SIGNATURE Wayne Brooks TITLE Agent DATE 06-07-01

TYPE OR PRINT NAME Wayne Brooks TELEPHONE NO. _____

(This space for State Use)

APPROVED BY Jim W. Brown TITLE DISTRICT II DATE 6/7/01

CONDITIONS OF APPROVAL IF ANY: