Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-28458

5. Indicate Type of Lease STATE ☐ FEE ☒

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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: Queen "22"

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: BK Exploration Corp.

8. Well No. 3

3. Address of Operator: 810 S. Cincinnati, #208 Tulsa, OK 74119

9. Pool name or Wildcat: Loving, East

4. Well Location
Unit Letter B : 990 Feet From The North Line and 2000 Feet From The East Line

Section 22 Township 23-S Range 28-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3011' GR

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

NOTICE OF INTENTION TO:				SUBSEQUENT 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 CEMENT JOB	☒		
OTHER:	☐			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.

7-31-95 Drilled 7 7/8" hole @ 413 - 6425' TD. TOH. Ran logs. TIH, circulated clean, TOH.

8-1-95 Ran 5 1/2" csg. as follows: Float shoe, 1 jt. 17# N-80, float collar, 33 jts. 5 1/2", 17# N-80 csg. and 125 jts. 5 1/2" 17# J-55. Set @ 0-6418'. Halliburton cemented w/ 375 sxs. "C" cmt., bumped plug, held OK. RD. Estimated PBTD 6376'.

RECEIVED
AUG 14 1995
OIL CON. DIV.
DIST. 2

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

SIGNATURE Brad D. Burks TITLE VP- Operations DATE 8-7-95

TYPE OR PRINT NAME Brad D. Burks TELEPHONE NO. 918-582-3863

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR TITLE DATE AUG 17 1995

CONDITIONS OF APPROVAL, IF ANY: