May 27, 2004 May	Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103	
OIL CONSERVATION DIVISION 1208 SIT 120	Office District I	Energy, Minerals and Natural Resources		
U.L. CONNEXE AT 10 IN SIND			I .	
1220 South St. Francis Dr. STATE FEE				
District Trues Dr., Santa Fe, NM S / S / S S / S / S / S / S / S / S			STATE S FEE	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM POR PROPOSALS TO DOBLE OR TO DEPENS OR PLUG BACK TO A DOS NOT USE THIS FORM POR PROPOSALS TO DOBLE OR TO DEPENS OR PLUG BACK TO A DOS NOTICES AND REPORTS TO DOBLE OR TO DEPENS OR PLUG BACK TO A DO NOTICES AND REPORTS TO DOBLE OR TO DEPENS OR PLUG BACK TO A DO NOTICES AND REPORTS TO DOBLE OR TO DEPENS OR PLUG BACK TO A SOUTH RED LAKE II UNIT 8. Well Number 9. GRID Number 9. GRID Number 9. GRID Number 10. Pool name or Wildcat QUEEN GRAYBURG, SA 4. Well Location Unit Letter 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CANING PLANS PLUG AND ABANDON CANING PLANS PAND A CANING PLANS 13. 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 recompletion. 14. Well Number South Report Of Proposed Completion or an (attached) alternative OfD-approved plas 15. 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 recompletion. 16. PULL OR ALTER OR OR SOUTH RED LAKE II UNIT ARCHIVE AND SOUTH RED LAKE II UNIT ARCHIVE AN	District IV	Santa Fe, NM 87505	l e	
SINDRY NOTICES AND REPORTS ON WELLS TO NOT USE THIS FORM FOR PROPOSALS TO DBHILLO AT 09 DEPENDENCE OF HIGH BACK TO A DIFFERENT RESERVOR. USE 'APPLICATION TOR PIRMIT' GROMM CHOIP FOR SIXCH PROPOSALS. 1. Type of Well: Oil Well: See Gas Well: Other 2. Name of Operator 3. Address of Operator 4. Well Location 5. Supplementation of Classics 6. Fit type: Depth to Groundwater: Distance from nearest fresh water well: Distance from searest surface water: Pit type: Depth to Groundwater: Distance from nearest fresh water well: Distance from searest surface water: Pit type: Depth to Groundwater: Distance from nearest fresh water well: Distance from searest surface water: Pit type: Depth to Groundwater: Distance from nearest fresh water well: Distance from searest surface water: Pit type: Depth to Groundwater: Distance from nearest fresh water well: Distance from searest surface water: Pit type: Depth to Groundwater: Distance from nearest fresh water well: Distance from searest surface water: Pit type: Distance from searest surface water: Pit type: Distance from searest surface water: Distance from searest surface water: Pit type: Distance from searest surface water: Distance from searest surface water			B-1483-26	
DIFFERENT RESERVOIR. USE 'APPLICATION FOR PERMIT' (FORM C-101) FOR SUCH SOUTH RED LAKE II UNIT	SUNDRY NOTI			
PROPOSALS)			CONTINUED LAKE HADIT	
2. Name of Operator Address of Operator Government	PROPOSALS.)		0.5	
McQuadrangle, L.C. MAR 0 1 7005 McQuadrangle, L.C. MAR 0 1 7005 MIL Location Notice of Completion Township 18-S Range 27-E NMPM County: Eddy 11. Elevation (Show whether DR, RKS, RT, GR, etc.) Pit or Below-crade Tank Application. Or Clesure Pit Uner Thickness: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CASING/CEMENT JOB PULL OR ALTER CASING MULTIPLE COMPL. CASING/CEMENT JOB OTHER: WELL NAME CHANGE PLUG AND ABANDON CASING/CEMENT JOB OTHER: WELL NAME CHANGE CASING CEMENT JOB OTHER: WELL NAME CHANGE MULTIPLE COMPL. CASING/CEMENT JOB OTHER: WELL NAME CHANGE CASING CEMENT JOB OTHER: WELL NAME CHANGE MULTIPLE COMPL. CASING/CEMENT JOB OTHER: WELL NAME CHANGE CASING CEMENT JOB OTHER: WELL NAME CHANGE MULTIPLE COMPL. CASING/CEMENT JOB OTHER: Thereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been will be constructed or closed according to NMCO guidelines A gearral permit Or an intatached) alternative OCD—approved plan MULTIPLE COMPL. CASING/CEMENT JOB OTHER		Gas Well U Other		
3. Address of Operator TOONS Salem, Lubbock, Texas 79424 QUEANTEEND 4. Well Location Unit Letter B : 330 feet from the WORTH line and 2310 feet from the Section 2 Township 18-S Range 27-E NMPM County: Eddy II. Elevation (Show whether DR, RKB, RT, GR, etc.) Pit type Depth to Groundwater Distance from nearest fresh water well bistance from nearest surface water PITLING TRICKINGS: II. Elevation (Show whether DR, RKB, RT, GR, etc.) Pit type Depth to Groundwater Distance from nearest fresh water well bistance from nearest surface water PITLING TRICKINGS: II. Elevation (Show whether DR, RKB, RT, GR, etc.) PITLING TRICKINGS: INDEPTH to Groundwater Distance from nearest fresh water well bistance from nearest surface water PITLING TRICKING TRICKING TO COMMENCE DISTANCE, CONSTRUCTION MISTERS NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLANS COMMENCE DRILLING OPNED PAND A COMMENCE DR			9. OGRID Number	
4. Well Location Unit Letter B : 330 feet from the WORTH line and 2310 feet from the EAST line Section 2 Township 18-S Range 27-E NMPM County: Eddy The Below-grade Tank Application or Closure Pit type		MAR 0 1 2005	10. Pool name or Wildcat	
Unit Letter B : 330 feet from the NORTH line and 2310 feet from the LAST line Section 2 Township 18-S Range 27-E NMPM County: Eddy II. Elevation (Show whether DR. RKB. RT. GR. etc.)		, Lubbock, Texas 79424		
Section 2 Township 18-S Range 27-E NMPM County: Eddy	4. Well Location			
Section 2 Township 18-S Range 27-E NMPM County: Eddy		330 feet from the NORTH line and	2310 feet from the EAST line	
Pit or Below-grade Tank Application or Closure	1			
Distance from nearest surface water				
Distance from nearest surface water				
Distance from nearest surface water	Pit or Below-grade Tank Application	or Closure		
Below-Grade Tank: Volume bobls: Construction Material	1			
Thereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or belowered tank has been will be constructed or closed according to NMOCD guidelines. a general permitt. DATE DATE 2005			·	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS PAND A PULL OR ALTERING CASING COMMENCE DRILLING OPNS PAND A COMMENCE DRILLING OPNS PAND A PAND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB COMMENCE DRILLING OPNS PAND A PAND A TOTHER WELL NAME CHANGE OTHER TOTHER TOTH				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PULL OR ALTER CASING DULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB PAND A PAND	12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
TEMPORARILY ABANDON CHANGE CHANGE COMPL CASING/CEMENT JOB CASING/C	NOTICE OF IN	ITENTION TO: SU	BSEQUENT REPORT OF:	
PULL OR ALTER CASING	PERFORM REMEDIAL WORK \square PLUG AND ABANDON \square REMEDIAL WORK \square ALTERING CASING \square			
OTHER: WELL NAME CHANGE SOTHER: 13. 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 recompletion. Thereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMCCD guidelines a general permit or an (attached) alternative OCD-approved plan SIGNATURE Type or print name Delbert McDennal W. GUM E-mail address: Telephone No. (806)797-3164 FOR State Use Only DISTRICT II SUPERVISOR APPROVED BY: TITLE DATE: DATE: APR 1 2 2005				
Thereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines □, a general permit □ or an (attached) alternative OCD-approved plan □. SIGNATURE □ TITLE □ DATE □ SUPERVISOR APPROVED BY: TITLE □ DATE □ SUPERVISOR APPROVED BY: TITLE □ DATE □ SUPERVISOR APPROVED BY:	PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEME	NT JOB LJ	
Thereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines □, a general permit □ or an (attached) alternative OCD-approved plan □. SIGNATURE □ TITLE □ DATE □ SUPERVISOR APPROVED BY: □ TITLE □ TITLE □ DATE □ 2005 APPROVED BY: □ TITLE □ DATE □ 2005 APPROVED BY: □ TITLE □ DATE □ 2005	OTHER: WELL NAME CHANG	SE 🗵 OTHER:		
Thereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines □, a general permit □ or an (attached) alternative OCD-approved plan □. SIGNATURE Type or print name Delbert McDqual GUM E-mail address: Telephone No. (806)797-3164 DISTRICT II SUPERVISOR APPROVED BY: TITLE DATE DATE DATE DATE DATE DATE DATE				
Thereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below grade tank has been/will be constructed or closed according to NMOCD guidelines □, a general permit □ or an (attached) alternative OCD-approved plan □. SIGNATURE □ DATE □				
Type or print name For State Use Only APPROVED BY: TITLE DATE TO an (attached) alternative OCD-approved plan Title DATE Title DATE Title DATE Telephone No. (806)797-3164 DISTRICT II SUPERVISOR APROVED BY: TITLE DATE DATE	or recompletion.			
Type or print name For State Use Only APPROVED BY: TITLE DATE TO an (attached) alternative OCD-approved plan Title DATE Title DATE Title DATE Telephone No. (806)797-3164 DISTRICT II SUPERVISOR APROVED BY: TITLE DATE DATE				
Type or print name For State Use Only APPROVED BY: TITLE DATE TO an (attached) alternative OCD-approved plan Title DATE Title DATE Title DATE Telephone No. (806)797-3164 DISTRICT II SUPERVISOR APROVED BY: TITLE DATE DATE				
Type or print name For State Use Only APPROVED BY: TITLE DATE TO an (attached) alternative OCD-approved plan Title DATE Title DATE Title DATE Telephone No. (806)797-3164 DISTRICT II SUPERVISOR APROVED BY: TITLE DATE DATE				
Type or print name For State Use Only APPROVED BY: TITLE DATE TO an (attached) alternative OCD-approved plan Title DATE Title DATE Title DATE Telephone No. (806)797-3164 DISTRICT II SUPERVISOR APROVED BY: TITLE DATE DATE				
Type or print name For State Use Only APPROVED BY: TITLE DATE TO an (attached) alternative OCD-approved plan Title DATE Title DATE Title DATE Telephone No. (806)797-3164 DISTRICT II SUPERVISOR APROVED BY: TITLE DATE DATE				
Type or print name For State Use Only APPROVED BY: TITLE DATE TO an (attached) alternative OCD-approved plan Title DATE Title DATE Title DATE Telephone No. (806)797-3164 DISTRICT II SUPERVISOR APROVED BY: TITLE DATE DATE				
Type or print name For State Use Only APPROVED BY: TITLE DATE TO an (attached) alternative OCD-approved plan Title DATE Title DATE Title DATE Telephone No. (806)797-3164 DISTRICT II SUPERVISOR APROVED BY: TITLE DATE DATE				
Type or print name For State Use Only APPROVED BY: TITLE DATE TO an (attached) alternative OCD-approved plan Title DATE Title DATE Title DATE Telephone No. (806)797-3164 DISTRICT II SUPERVISOR APROVED BY: TITLE DATE DATE				
Type or print name For State Use Only APPROVED BY: TITLE DATE TO an (attached) alternative OCD-approved plan Title DATE Title DATE Title DATE Telephone No. (806)797-3164 DISTRICT II SUPERVISOR APROVED BY: TITLE DATE DATE				
Type or print name For State Use Only APPROVED BY: TITLE DATE TO an (attached) alternative OCD-approved plan Title DATE Title DATE Title DATE Telephone No. (806)797-3164 DISTRICT II SUPERVISOR APROVED BY: TITLE DATE DATE				
Type or print name For State Use Only APPROVED BY: TITLE DATE TO an (attached) alternative OCD-approved plan Title DATE Title DATE Title DATE Telephone No. (806)797-3164 DISTRICT II SUPERVISOR APROVED BY: TITLE DATE DATE				
Type or print name For State Use Only APPROVED BY: TITLE DATE TO an (attached) alternative OCD-approved plan Title DATE Title DATE Title DATE Telephone No. (806)797-3164 DISTRICT II SUPERVISOR APROVED BY: TITLE DATE DATE				
Type or print name For State Use Only APPROVED BY: TITLE DATE TO an (attached) alternative OCD-approved plan Title DATE Title DATE Title DATE Telephone No. (806)797-3164 DISTRICT II SUPERVISOR APROVED BY: TITLE DATE DATE				
Type or print name For State Use Only APPROVED BY: TITLE DATE TO an (attached) alternative OCD-approved plan Title DATE Title DATE Title DATE Telephone No. (806)797-3164 DISTRICT II SUPERVISOR APROVED BY: TITLE DATE DATE	I haraby cartify that the information	ahaya is true and complete to the best of my knowles	dge and halief. I fourther contife that any nit or helow	
Type or print name Polbert McPousal W. GUM For State Use Only APPROVED BY: TITLE DATE 2-22 Telephone No. (806)797-3164 Telephone No. (806)797-3164 DISTRICT II SUPERVISOR APPROVED BY: TITLE DATE 2-22 Telephone No. (806)797-3164	grade tank has been/will be constructed or closed according to NMQCD guidelines \(\sigma\), a general permit \(\sigma\) or an (attached) alternative OCD-approved plan \(\sigma\).			
Type or print name For State Use Only APPROVED BY: Telephone No. (806)797-3164 E-mail address: Telephone No. (806)797-3164 TITLE DATE		man day		
APPROVED BY: TITLE DATE DATE	SIGNATURE WALLE	TITLE TITLE	DATE 2-03	
APPROVED BY: TITLE DATE DATE	Type or print name Delbert McPor	B-mail address:	Telephone No. (806)797-3164	
APPROVED BY: TITLE DATE			•	
	UISTRIC		APR 1 2 2005	
		IIILE	DAIC	