

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87400
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June 19, 2008

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-01644
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> FEDERAL <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name EK Queen Unit
8. Well Number 611
9. OGRID Number 20497
10. Pool name or Wildcat EK-Yates-SR-Queen
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3958' RKB

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 Water Injection

2. Name of Operator
Seely Oil Company

3. Address of Operator
815 W. 10th St., Ft. Worth, TX 76102

4. Well Location

Unit Letter I : 2310 feet from the South line and 660 feet from the East line

Section 24 Township 18S Range 33E NMPM Lea County

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: Return well to production ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

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.

The subject well passed a MIT on 4/25/12 (chart enclosed). Seely Oil Company respectfully requests permission to return the well to water injection.

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

SIGNATURE David L. Henderson TITLE: President

DATE 4/30/12

Type or print name: David L. Henderson

E-mail address: dhenderson@seelyoil.com

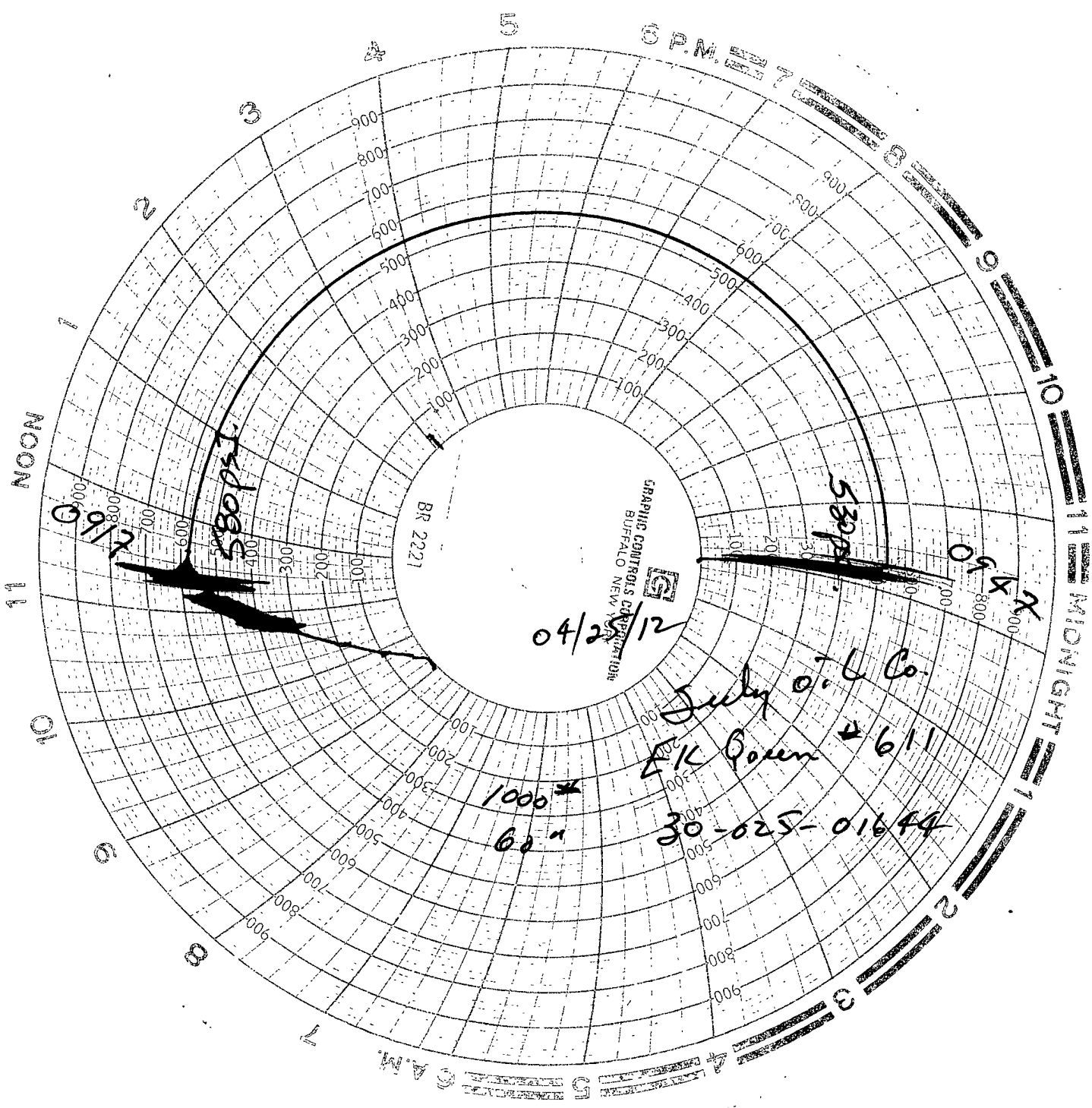
PHONE: 817-332-1377

For State Use Only

APPROVED BY: Mary G. Brown TITLE: Compliance Officer DATE: 5/7/2012

Conditions of Approval (if any)

MAY 08 2012



BR 2221

04/25/12

SHAPIRO CONTROLS CORPORATION
BUFFALO, NEW YORK

July 07. 6 Co.

E/K Queen # 611

30-025-01644

1000 ft

60 ft

5300 ft

530 ft