

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised August 1, 2011

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

WELL API NO.	
30-005-62101	✓
5. Indicate Type of Lease STATE X FEE	✓
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
Marlisue Queen Unit	✓
8. Well Number 6	✓
9. OGRID Number	✓
269864	
10. Pool name or Wildcat	✓
Double L; Queen (Assoc)	
11. 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 Injection **HOBBBS OCD**

2. Name of Operator
 State of New Mexico formerly Canyon E&P Company **R-1422 MAY 16 2018**

3. Address of Operator
 1625 N. French Drive Hobbs, NM 88240 **RECEIVED**

4. Well Location
 Unit Letter F: 1590 feet from the North line and 1870 feet from the West line
 Section 24 Township 14S Range 29E NMPM Chaves County ✓

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

NOTICE OF INTENTION TO PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER: _____		INT TO PA P&A NR <u>PM</u> P&A R _____		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> XX CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
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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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

SEE ATTACHED

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

SIGNATURE _____ TITLE _____ DATE _____

Type or print name _____ E-mail address: _____ PHONE: _____

For State Use Only

APPROVED BY: Mark Whittem TITLE P.E.S. DATE 05/16/2018

Conditions of Approval (if any):

Plugging Report
Marlisue Queen Unit #6
30-005-62101

5/1/2018 Cleared location and moved in equipment. Rigged up and installed BOP. Unset packer and POOH with 57 joints IPC tubing. Packer swabbed fluid while pulling pipe. Packer was set at 1855'. Set CIBP at 1859'. Circulated MLF and Tested casing to 500#. Casing tested good. Spotted 50 sx on top of CIBP. POOH to 455' and circulated cement to surface. Took 35sx. SION

5/2/2018 Rigged down. Dug out wellhead and cut off. Filled up both strings of casing with 40 sx cement. Installed marker and cut off anchors. Cleaned the pit and cleared the location.