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

Energy, Minerals and Natural Resources Departme

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-025-00121

5. Indicate Type of Lease STATE ☐ FEE ☐

6. State Oil & Gas Lease No.
NMNM 71002X

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
Northeast Caprock Queen Unit
8910081640

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

2. Name of Operator
Sierra Blanca Operating Company

8. Well No.
14

3. Address of Operator
802 Turner, Cleburne, Texas 76031

9. Pool name or Wildcat
Caprock Queen

4. Well Location
Unit Letter N : 330 Feet From The South Line and 1650 Feet From The West Line

Section 14 Township 12S Range 32E NMPM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3900

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: Mechanical Integrity Test prior to converting to oil ☐		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.

Requesting a schedule for a mechanical integrity test in order to convert this well to an oil producer
For the week beginning March 15, 1998

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

SIGNATURE Karol Rennels TITLE Agent DATE 3/10/98

TYPE OR PRINT NAME Karol Rennels (817) 556-3973 TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: