

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

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.	30-025-00135
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	NMNM 71002X
7. Lease Name or Unit Agreement Name:	Northeast Caprock Queen Unit 8910081640
8. Well No.	3
9. Pool name or Wildcat	Caprock Queen

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 ☐

2. Name of Operator
Sierra Blanca Operating Company Injection

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

4. Well Location
Unit Letter I : 1980 Feet From The South Line and 1980 Feet From The East Line

Section 16 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 <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <u>Mechanical Integrity Test prior to converting to oil</u> <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u></u> <input type="checkbox"/>

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:

