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NEW MEXICO OIL CONSERVATION COMMISSION

JUN 12 3 35 PM '68

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
E-7049

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator	Northeast Caprock Queen Unit
3. Address of Operator	8. Form or Lease Name
P. O. Box 728, Hobbs, New Mexico 88240	Northeast Caprock Queen Unit
4. Location of Well	9. Well No.
UNIT LETTER A 660 FEET FROM THE North LINE AND 660 FEET FROM East 30 TOWNSHIP 12-S RANGE 32-E N.M.P.M.	10. Field and Pool, or Wildcat
	Caprock Queen
11. Elevation (Show whether DF, RT, GR, etc.)	12. County
1380.7 (D.F.)	Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER Shut Well In <input checked="" type="checkbox"/>	

17. 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.

Subject well was shut in effective 7:00 A. M., May 22, 1968.  
It is recommended that this well be reclassified from its present  
producing status to ASD- Held until abandonment of unit.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNER	TITLE	DATE	
	Assistant District Superintendent	June 12, 1968	
APPROVED BY	TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:			