

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.
30-025-00168

5. Indicate Type of Lease
STATE ☒ FEE ☐

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

7. Lease Name or Unit Agreement Name
Northeast Caprock Queen Unit
8910081640

8. Well No.
26

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 C : 330 Feet From The North Line and 1650 Feet From The West Line
Section 23 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Mechanical Integrity Test prior to converting to oil ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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 District) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

