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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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.

B-8828-42

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	Pebble Queen, Sec. 36
3. Address of Operator	8. Farm or Lease Name
P. O. Box 1659, Midland, Texas 79701	9. Well No.
4. Location of Well	13
UNIT CENTER M 660 FEET FROM THE W LINE AND 660 FEET FROM	10. Field and Pool, or Wildcat
S LINE, SECTION 36 TOWNSHIP 12-S RANGE 31-E NMPM.	Caprock Queen
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	Chaves

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input 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.

This hole was loaded with mud and a 35 sack cement plug was spotted at 3012'. (7-11-68)
1100' of 5½" casing was pulled and 25 sack plugs were spotted at 1100' and 280', with 10
sacks at the surface. A marker was placed. (7-13-68)

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

SIGNED O. H. Crews TITLE Administrative Coordinator DATE August 29, 1968

APPROVED BY John W. Runyan TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: