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N. O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION

JUN 5 11 34 AM '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.
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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name Pebble Queen
2. Name of Operator Great Western Drilling Company	8. Form or Lease Name State C
3. Address of Operator P. O. Box 1659, Midland, Texas 79701	9. Well No. 2-13
4. Location of Well UNIT 1, 11th M 660 FEET FROM THE West LINE AND 660 FEET FROM South LINE, SECTION 36 TOWNSHIP 12-S RANGE 31-E NMPM.	10. Field and Pool, or Wildcat 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:
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PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" 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 type="checkbox"/>
DRILL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

16. 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 unit was terminated June 1, 1968. We plan to spot a 25 sack cement plug 3050-2973 and 63' into 5½" Pull some 800' of 5½" and place 25 sacks into the stub. Place 25 sacks at the surface pipe shoe 3 5/8, 380' with 10 sacks @ surface.

A proper clean-up and marker will be made.

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

SIGNED *O. H. Crews* **O. H. Crews** TITLE Administrative Coordinator DATE June 4, 1968

APPROVED BY *[Signature]* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: