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OPERATOR		

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

NEW MEXICO OIL CONSERVATION COMMISSION O.C.C.

JUN 10 11 59 AM '66

5a. Indicate Type of Lease
State [X]   Fee [ ]

5. State Oil & Gas Lease No.
B - 10412 - 27

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 [ ]   GAS WELL [ ]   OTHER- **Injection Well**

7. Unit Agreement Name **North Central Caprock**
Queen Unit 14

2. Name of Operator
GREAT WESTERN DRILLING COMPANY

8. Farm or Lease Name

3. Address of Operator
Box 1659, Midland, Texas

9. Well No. **2**

4. Location of Well

UNIT LETTER **B** , **1980** FEET FROM THE **East** LINE AND **660** FEET FROM

THE **North** LINE, SECTION **14** TOWNSHIP **13-S** RANGE **31-E** NMPM.

10. Field and Pool, or Wildcat
Caprock Queen

15. Elevation *(Show whether DF, RT, GR, etc.)*
4417 GR

12. County
Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]

TEMPORARILY ABANDON [ ]

PULL OR ALTER CASING [ ]

PLUG AND ABANDON [ ]

CHANGE PLANS [ ]

OTHER _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]

COMMENCE DRILLING OPNS. [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER _____

ALTERING CASING [ ]

PLUG AND ABANDONMENT [X]

[ ]

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.

The hole was loaded with 10# mud. No casing could be pulled. The 5-1/2" was filled with cement. A 10 sack plug was spotted in the top of the surface casing. This work was completed May 10, 1966.

The well is ready for inspection.

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 **June 9, 1966**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: