State of New Mexico
nergy, Minerals and Natural Resources Depart

Form C-103
Revised 1-1-89

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

30-005-00808

WELL API NO.
30-005-0808

5. Indicate Type of Lease
STATE [X]   FEE [ ]

6. State Oil & Gas Lease No.
B-9541

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.)

7. Lease Name or Unit Agreement Name

1. Type of Well:
OIL WELL [X]   GAS WELL [ ]   OTHER

Rock Queen Unit Sec. 22

2. Name of Operator
Circle Ridge Production, Inc.

8. Well No.
11

3. Address of Operator
c/o Oil Reports & Gas Services, Box 755, Hobbs, NM 88241

9. Pool name or Wildcat
Caprock Queen

4. Well Location

Unit Letter __K__ : __1980__ Feet From The __South__ Line and __1980__ Feet From The __West__ Line

Section __22__   Township __13S__   Range __31E__   NMPM   __Chaves__   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4430.8

11. **Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data**

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [X]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: _____ [ ]		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.

It is proposed to run a casing integrity test by setting
a retrievable bridgeplug at 2900 and test as per Rule
203 C (1)(b). Work to begin on May 1, 1991.

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

SIGNATURE _____   TITLE __Agent__   DATE __12/3/90__

TYPE OR PRINT NAME _____   TELEPHONE NO. _____

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: