

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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.)

OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
Name of Operator		Rock Queen Unit
Great Western Drilling Co.		8. Farm or Lease Name
Address of Operator		Section 34
Box 1659, Midland, TX 79702		9. Well No.
Location of Well		8
UNIT LETTER <u>H</u> 1980 FEET FROM THE <u>N</u> LINE AND <u>660</u> FEET FROM		10. Field and Pool, or Whdcat
THE <u>E</u> LINE, SECTION <u>34</u> TOWNSHIP <u>13S</u> RANGE <u>31E</u> NMPM.		Caprock Queen
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
4426' GL		Chaves

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

FORM REMEDIAL WORK <input type="checkbox"/>	PLUS 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"/>	PLUS AND ABANDONMENT <input type="checkbox"/>
PLUG OR ALTER CASING <input type="checkbox"/>	OTHER <u>Run Casing Survey</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

As per October 1st letter to Jerry Sexton, plan to run casing inspection survey to evaluate remedial action on well. Work will commence 11/19/85.

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

by E. W. Seay TITLE Division Superintendent DATE 11/19/85

OVER BY Eddie W. Seay TITLE Oil & Gas Inspector DATE NOV 26 1985

CONDITIONS OF APPROVAL, IF ANY: