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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"/>
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Name of Operator
Great Western Drilling Co.

Address of Operator
Box 1659, Midland, TX 79702

Location of Well
UNIT LETTER F 1980 FEET FROM THE N LINE AND 1980 FEET FROM

THE W LINE, SECTION 34 TOWNSHIP 13S RANGE 31E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4303' GL

7. Unit Agreement Name
Rock Queen Unit

8. Farm or Lease Name
Section 34

9. Well No.
6

10. Field and Pool, or Wildcat
Caprock Queen

12. County
Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
INFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PL OR ALTER CASING <input type="checkbox"/> OTHER <u>Run Casing Survey</u> <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <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 1103.

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.

CO <u>Eddie W. Seay</u>	TITLE <u>Division Superintendent</u>	DATE <u>11/19/85</u>
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OVER BY <u>Eddie W. Seay</u>	TITLE <u>Oil & Gas Inspector</u>	DATE <u>NOV 26 1985</u>

CONDITIONS OF APPROVAL, IF ANY: