Submit 3 Copies to Appropriate District Office

State of New Mexicoergy, Minerals and Natural Resources Departn.

Form C-103

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO00908
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			30-005= 009 31 5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE X 6. 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			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:			7. Lease Name of Ollit Agreement Name
OEL X GAS WELL X 2. Name of Operator	OTHER		Rock Queen Unit Sec. 34
Circle Ridge Production, Inc.			8. Well No.
3. Address of Operator		9. Pool name or Wildcat	
c/o Oil Reports & Gas Services, Box 755, Hobbs, NM 88241		Caprock Queen	
Unit Letter E : 2310 Feet From The North Line and 990 Feet From The West Line			
Section 34	Township 13S Ra	inge 31E	NMPM Chaves County
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	
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	CHANGE PLANS	COMMENCE DRILLING	
PIN LOD ALTED CACING		CASING TEST AND CE	
OTHER:		OTHER: OCD In	
12. Describe Proposed or Completed Operation	S (Clearly state all pertinent details an		
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. 11/16/90 Dug out cellar. Oil Conservation Division representative inspected risers. Inspection O.K.			
I hereby certify that the information above is true and	complete to the best of my knowledge and b	elief.	
SIGNATURE SOURCE	Jolles mu	Agent	DATE 11/27/90
TYPE OR PRINT NAME			TELEPHONE NO.
(This space for State Use)	A 1.1	OF WORK	S INSPECTOR (
APPROVED BY THE STATE ON THE STATE OF APPROVAL, IF ANY:	narliff me		

005-00931 8-36-13-31

10, 7,30,000 That I want

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