Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT P.O. Box 1980, Hobbs, NM 88240 **OIL CONSERVATION DIVISION** 

P.O. Box 2088

WELL API-NO.

DATE

P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	30-003-00909
DISTRICT III	5 Indicate Type of Lease STATE FEE X
1000 Ráo Brazos Rd., Azzec, NM 87410	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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	TO A 7. Lease Name or Unit Agreement Name
1. Type of Well: OR WELL GAS WELL OTHER Injection  2. Name of Operator	Rock Queen Unit Sec. 34
Circle Ridge Production, Inc.	8. Well No. 2
<ol> <li>Address of Operator</li> <li>c/o Oil Reports &amp; Gas Services, Inc., Box 755, Hobbs, NM</li> <li>Well Location</li> </ol>	9. Pool name or Wildcat 88241 Caprock Queen
Unit Letter B: 660 Feet From The North Line and Section 34 Township 13S Range 31E	NMPM Chaves County
11. Check Appropriate Box to Indicate Nature of Noti	
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	SUBSEQUENT REPORT OF:  RK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DE	RILLING OPNS. PLUG AND ABANDONMENT
	AND CEMENT JOB
	pair casing leak X
<ol> <li>Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent date work) SEE RULE 1103.</li> </ol>	s, including estimated date of starting any proposed

Work began 9/8/90. Pulled tubing & packer. Cut & pulled 4 1/2" casing from 250'. Ran 250' new 4 1/2" casing with casing patch. Set ret bridge plug at 2715. Set cement retainer at 2600 & squeezed casing leak at 2665 with 600 sacks cement. Maximum pressure 1000#. Drilled out cement to bridge plug & tested casing with 1600#, test O.K. Pulled bridge plug. Ran 2 3/8" plastic coated tubing with Watson tension packer at 2900. Loaded annulus with KCL water. Resumed injection 9/12/90.

I hereby cartify that the information above is true and complete to the best of my knowledge and belief. Agent - TITLE -DATE \_10/31/90 TYPE OR PRINT NAME TELEPHONE NO. Orig. Signed by (This space for State Use) Paul Kautz HUN UL 1990 Geologist

TITLE

CONDITIONS OF AFFROVAL, IF ANY:

APPROVED BY-

MOV 0 1