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TRIBUTION	
FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- P & A 30-005-01044	7. Unit Agreement Name
2. Name of Operator Weldon S. Guest & I. J. Wolfson	8. Farm or Lease Name Drickey Queen Sand Unit Tr 47
3. Address of Operator c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico	9. Well No. 3
4. Location of Well UNIT LETTER E , 1980 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 11 TOWNSHIP 14S RANGE 31E NMPM.	10. Field and Pool, or Wildcat Caprock Queen
11. Elevation (Show whether DF, RT, GR, etc.) 4409 GR	12. County Chaves

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER **Re-enter & Replug** ☒

17. 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.

Re-entered and shot off 7" casing at 583'
Spot 50 sack plug at 583'
Spotted 80 sack plug 250-to 350'
Set 10 sack plug at surface with regulation marker
and between all plugs
Work complete 11/19/73

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

SIGNED <u><i>Weldon S. Guest</i></u>	TITLE Agent	DATE 12/19/73
APPROVED BY <u><i>John W. Runyan</i></u>	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		