

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 I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-005-01070
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-10420
7. Lease Name or Unit Agreement Name	
Drickey Queen Sand Unit Tract 22	
8. Well No.	1
9. Pool name or Wildcat	Caprock Queen
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Injection	2. Name of Operator Circle Ridge Production Inc.
3. Address of Operator P.O. Box 755 Hobbs, NM 88240	4. Well Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line Section 16 Township 14S Range 31E NMPM Chaves County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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.

Request that subject well be placed in a temporarily abandoned status effective 2/1/90. Last injection August 1974.

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

SIGNATURE Jerry Sexton TITLE Agent DATE 3/6/90
TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT I SUPERVISOR TITLE DATE
CONDITIONS OF APPROVAL, IF ANY:

MAR 12 1990

TA expires 2-1-91