NO. OF COPIES RECEIVED					Form C-103
DISTRIBUTION				`	Supersedes Old C-102 and C-103
SANTA FE			NEW MEXICO OIL CONSE	RVATION COMMISSION	Effective 1-1-65
FILE					5a. Indicate Type of Lease
U.S.G.S.			•		State X Fee
LAND OFFICE					5. State Oil & Gas Lease No.
OPERATOR					
(DO NOT USE THIS	SUN FORM FOR	IDRY PROP	NOTICES AND REPORTS ON VOSALS TO DRILL OR TO DEEPEN OR PLUG BA	WELLS CK TO A DIFFERENT RESERVOIR.	
1.	7. Unit Agreement Name				
2. Name of Operator	Eastcap Queen /				
	LLER	AUC	CTIONEERS, INC.		\$41.00 h
3. Address of Operator	9. Well No.				
					33
4. Location of Well		~ ~	co ganth	1000	10. Field and Pool, or Wildcat
UNIT LETTER O		66	50 FEET FROM THE South	LINE AND 1980 FEET FF	Caprock Queen
77.54			3/1 1/1 501	uth 31 Fact	
THE East	_ LINE, 51	ECTION	34 TOWNSHIP 14 SOT	HANGE ST EAST NM	PM. (
mmmm	m.	rr	15. Elevation (Show whether D	F, RT, GR, etc.)	12. County
					Chaves (
16.	77777	-1. 4.	propriete Poy To Indicate No	sture of Notice Penant of (	Other Data
•		-	ppropriate Box To Indicate Na TENTION TO:	<del>-</del>	ENT REPORT OF:
NO	IICE OI	FINI	IENTION TO:	30030400	AT REFORT OF
			PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK	H		7200 AM ADAMS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
TEMPORARILY ABANDON PULL OR ALTER CASING	H		CHANGE PLANS	CASING TEST AND CEMENT JOB	
POEE ON AETEN CONTINUE				OTHER	
OTHER					
	<del>- 11.</del>	10	(Clearly state all partinent detail	ils and give pertinent dates includ	ing estimated date of starting any proposed
work) SEE RULE 110		ea Oper	iditions (Crearly state are pertinent desait	ta, una give permiena dates, inclus	, ,, ,, ,, ,, ,, ,, ,, ,,
S	st hr	-ida	ge plug above perfora	ations and cap wit	th 35' cement.
S1	hot 5	119	2 casing at 225'.	Set 100' cement pl	ug. Cap with
10	gg.				
Cleaned and ready for inspection.					
18. I hereby certify that th	e informa	ation a	bove is true and complete to the best of	my knowledge and belief.	
A/.	Ι,	/ .			2/4/10
SIGNED / Steple	7		TITLE		DATE
~	. 1	~ <u>~~;;***</u> <u>~</u>	200	and the second of the second o	
Matt	6		Pllen		DATE
APPROVED BY	A STATE OF THE STA				
CONDITIONS OF APPRO	VAL, IF	ANY:			