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NEW MEXICO OIL CONSERVATION COMMISSION

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator Miller & Miller Auctioneers, Inc.		5. State Oil & Gas Lease No.
3. Address of Operator		7. Unit Agreement Name Eastcap Queen
4. Location of Well UNIT LETTER <u>I</u> <u>660</u> FEET FROM THE <u>East</u> LINE AND <u>1980</u> FEET FROM THE <u>South</u> LINE, SECTION <u>34</u> TOWNSHIP <u>14 South</u> RANGE <u>31 East</u> NMPM.		8. Farm or Lease Name Caprock Queen
15. Elevation (Show whether DF, RT, GR, etc.)		9. Well No. 31
12. County Chaves		10. Field and Pool, or Wildcat Caprock Queen

16. 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 checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Plugging Program: Set bridge plug above 3092' and cap with 35' cement. Mud hole. Cut off 5-1/2" casing. Place 100' cement plug at top of stub. If stub is below top of salt, place 100' cement plug at top of salt. Place 100' cement plug to straddle bottom of 8-5/8" casing. Cap with 10 sacks of cement. Notify Oil Commission ~~at~~ 24 hrs ~~start of operations~~ before setting bottom plug.

All Cement plugs must be spotted through tubing.

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

SIGNED <u>Office Secretary</u>	TITLE <u>Vice President</u>	DATE <u>10-14-74</u>
APPROVED BY <u>John W. Runyan</u>	TITLE <u>Secretary</u>	DATE <u>10-14-74</u>

CONDITIONS OF APPROVAL, IF ANY: