

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-005-21133
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Drickey Queen Sand Unit
8. Well No. 145
9. Pool name or Wildcat Caprock Queen
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4412 GR

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER
2. Name of Operator Circle Ridge Production, Inc.
3. Address of Operator C/O Oil Reports & Gas Services, Inc. P. O. Box 755, Hobbs, NM 88241-0755
4. Well Location Unit Letter <u>K</u> : <u>1440</u> Feet From The <u>South</u> Line and <u>2620</u> Feet From The <u>West</u> Line Section <u>35</u> Township <u>13S</u> Range <u>31E</u> NMPM <u>Chaves</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4412 GR

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

10/07/94 Spud in
10/08/94 Set Used 24# 8 5/8" csg @ 350' w/ 222 sx "C" @ 3150'
Plug dwn @ 8:00 P.M. Circ
10/09/94 WOC
10/10/94 Resume Drlg
10/15/94 Set used 4 1/2" csg to 3149' w/ 400 sx "C"
10/16/94 WOC
10/19/94 Perf 3062' - 3073' Acidize w/ 1000 gal 15% HCL, Frac w/ 180 sx sand, 12,500 gals. gelled H2O

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

SIGNATURE Laren Holler TITLE AGENT DATE 3/29/95
TYPE OR PRINT NAME LAREN HOLLER TELEPHONE NO. (505) 393-2727

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 30 1995

