

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. 30-005-21135
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. 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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name Drickey Queen Sand Unit
2. Name of Operator Circle Ridge Productions, Inc.	8. Well No. 147
3. Address of Operator C/O Oil Reports & Gas Services, Inc. P. O. BOX 755, Hobbs, NM 88241-0755	9. Pool name or Wildcat Caprock Queen
4. Well Location Unit Letter <u>E</u> : <u>1459</u> Feet From The <u>North</u> Line and <u>330'</u> Feet From The <u>West</u> Line Section <u>11</u> Township <u>14S</u> Range <u>31E</u> NMPM Chaves County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>4414' GR</u>	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

12/13/94 Spudded in
12/14/94 Set used 24# 8 5/8" Csg @ 385' w/ 250 sx "C", Circ
12/15/94 WOC
12/16/94 Resume Drlg
12/19/94 Set Used 15 1/2 # 5 1/2" csg to 3132' w/ 400 sx "C"
WOC
12/20/94 Perf 3052' - 3064', acidize w/ 750 gal 15% HCL, Frac w/ 240 sx sand,
13,000 gal gel 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 SIXTAM
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 30 1995