Submit 3 Copies to Appropriate District Office

State of New Mexico Energy finerals and Natural Resources Department

Form C-103 Revised 1-1-89

		Revis	ed 1-1-4

<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVA'		WELL API NO.	
DISTRICT II	_	NM 87505	30-005-21157	
P.O. Drawer DD, Artesia, NM 88210		111 07303	5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			Federal STATE FEE	
			6. State Oil & Gas Lease No.	
SUNDRY NOTICE	ES AND REPORTS ON	WELLS		
(DO NOT USE THIS FORM FOR PROF DIFFERENT RESERV (FORM C-1	-OSALS TO DRILL OR TO DEE /OIR. USE "APPLICATION FO! 01) FOR SUCH PROPOSALS.)	A PERMIT	7. Lease Name or Unit Agreement Name	
1. Type of Well:	5.71 ON GOON PHOPOSALS.)		Drickey Queen Sand Unit	
OIL GAS WELL	OTHER	Injection		
2. Name of Operator			8. Well No.	
Queen Sand Opera	iting Co.		55	
•	Suite 1030, LB44	D-11- m	9. Pool name or Wildcat	
4. Wen rocenon		75240	Caprock Queen	
Unit Letter M : 330	Feet From The West	73240 Line and]	40 Feet From The South Line	
Section 15	Township 14S	- 01-		
	10. Elevation (Show whe	ther DF, RKB, RT, GR, etc.)	MPM Chaves County	
	4258' GL; 4	4268' DF; 4270' KB		
11. Check Ap	propriate Box to Indica	ate Nature of Notice, Re		
NOTICE OF INTE	NTION TO:	SUBS	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	_	
PULL OR ALTER CASING		CASING TEST AND CEN		
OTHER:		OTHER: TD lat	_	
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	s (Clearly state all pertinent detail			
			•	
Well will be open hold	B'. Drilled 2138'	of lateral. At TD 92	2.3° AZM 357.90. TVD 2925.11'	
will will be open note	s compreced.			
		•		
•				
I hereby certify that the information above is true and	complete to the best of my knowledge	and belief.		
SIGNATURE Jame Hud	es 1	Production C	lerk 7/27/00	
Ibmos I II-1	1 1	TIME	DATE	
TYPE OR PRINT NAME James L Hul	ı, JI		TELEPHONE NO. 972-383-8260	
(This space for State Use)				
APPROVED BY	C	DRICHAL SCHIPS. LA	JAN 04 7414	
CONDITIONS OF APPROVAL, IF ANY:		PRICHAL SOULE OF THE THE PRICHES	ISOR DATE	