

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**  
2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-025-00234
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name North Caprock Queen Unit
2. Name of Operator Sierra Blanca Operating Company	8. Well No. 2
3. Address of Operator 802 Turner, Cleburne, Texas 76031	9. Pool name or Wildcat Caprock Queen
4. Well Location Unit Letter <u>B</u> : <u>654</u> Feet From The <u>North</u> Line and <u>1982</u> Feet From The <u>East</u> Line Section <u>6</u> Township <u>13S</u> Range <u>32E</u> NMPM County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3900	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: Mechanical Integrity Test prior to converting to oil <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <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.

Requesting a schedule for a mechanical integrity test in order to convert this well to an oil producer  
For the week beginning March 15, 1998

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

SIGNATURE <u>Karol Rennels</u>	Agent	DATE <u>3/10/98</u>
TITLE _____		TELEPHONE NO. <u>(817) 556-3973</u>
TYPE OR PRINT NAME <u>Karol Rennels</u>		

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUN 29 1998

CONDITIONS OF APPROVAL, IF ANY:

