Schmit 3 Copies to Appropriate District Office

State of New Mexico * tgy, Minerals and Natural Resources Departmy

Form C-103 Revised 1-1-89

DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION 2040 Pacheco St.	WELL API NO.
DISTRICT II P.O. Drawer DD, Arasia, NM \$8210 DISTRICT III 1000 Rio Brazos Rd., Aziac, NM 87410	30-025-00264 5. Indicate Type of Lease STATE FEE
	STATE FEE 6. State Oil & Gas Lasse 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: OLL WELL ONE ONE ONE ONE ONE	7. Lease Name or Unit Agreement Name North Caprock Queen Unit
2. Name of Operator Injection	8. Well No.
Sierra Blanca Operating Company 3. Address of Operator	4
802 Turner, Cleburne, Texas 76031	9. Pool name or Wildcat Caprock Queen
Unit Letter D : 660 Feet From The North Line and 660	Feet From The West Line
Section 8 Township 13S Range 32E	NMPM County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST AND CEMENT JOB	
OTHER: Mechanical Integrity Test prior to converting to oil OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all persinent details, and give persinent 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. Agent SIGNATURE Agent	3/10/98
	556-3973 TELEPHONE NO.
(Thus space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT I SUPERVISOR	
DISTRICT I SUPERVISOR TITLE	DATE THE PARTY OF
CONDITIONS OF APPROVAL, IF ANY:	