

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.

B-11332

30-005-00299

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Injection Well | 7. Unit Agreement Name |
| 2. Name of Operator Circle Ridge Production, Inc. | 8. Farm or Lease Name Rock Queen Unit Sec. 30 |
| 3. Address of Operator c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241 | 9. Well No. 14 |
| 4. Location of Well UNIT LETTER N 660 FEET FROM THE South LINE AND 1770 FEET FROM THE West LINE, SECTION 30 TOWNSHIP 13S RANGE 32 E NMPM. | 10. Field and Pool, or WHdcat Caprock Queen |
| 15. Elevation (Show whether DF, RT, GR, etc.) 4272 GR | 12. County Lea |

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☒
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. 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.

Well to be carried as temporarily abandon pending completion of Rock Queen Unit evaluation.

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

SIGNED Jerry Sexton

TITLE Agent

DATE 7-28-87

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

JUL 29 1987

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

-TA Extension 2-1-88

RECEIVED

JUL 28 1987

OCD
HOBBS OFFICE

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