

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO. 30-025-02328
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-3406
7. Lease Name or Unit Agreement Name: Central EK Queen Unit
8. Well No. 001
9. Pool name or Wildcat EK - Yates - Seven Rivers - Queen

10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4080' DF	
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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 type="checkbox"/> Gas Well <input type="checkbox"/> Other Water Injection	7. Lease Name or Unit Agreement Name: Central EK Queen Unit
2. Name of Operator Secly Oil Company	8. Well No. 001
3. Address of Operator 815 West 10 th Street, Fort Worth, Texas 76102	9. Pool name or Wildcat EK - Yates - Seven Rivers - Queen
4. Well Location Unit Letter <u>D</u> : <u>660</u> feet from the <u>North</u> line and <u>661.5</u> feet from the <u>West</u> line Section <u>17</u> Township <u>18S</u> Range <u>34E</u> NMPM <u>Lea</u> County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4080' DF	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Retest Tubing/Casing Annulus <input checked="" 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

7/31/00 Tested casing to 340 PSI with no bleedoff. (Chart Enclosed)

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

SIGNATURE David L. Henderson TITLE Petroleum Engineer DATE 8/7/00

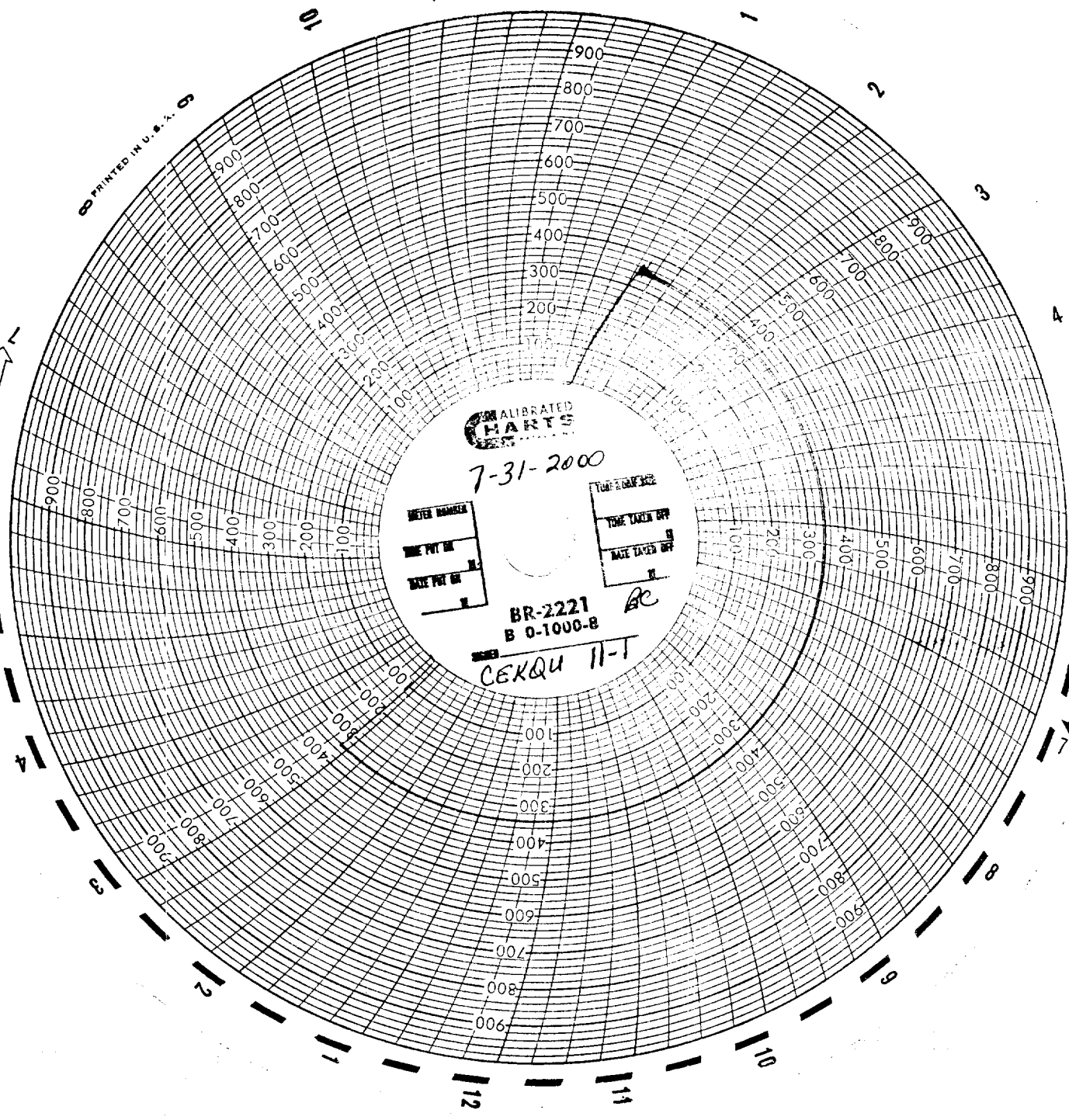
Type or print name David L. Henderson Telephone No. (817) 332-1377
(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any:

JCS

DAY

PRINTED IN U.S.A.



CALIBRATED
CHARTS

7-31-2000

METER NUMBER	
TIME PUT ON	
DATE PUT ON	

TIME TAKEN OFF	
DATE TAKEN OFF	

BR-2221
B 0-1000-B

CEKQU 11-T