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OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

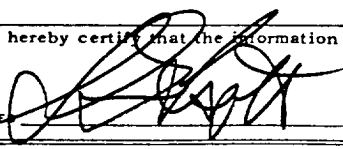
5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
E-2439

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <small>(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.)</small>	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator	North EK Queen Unit
3. Address of Operator	8. Farm or Lease Name
P. O. Box 2040, Midland, Texas 79702	Tract 2
4. Location of Well	9. Well No.
UNIT LETTER <u>G</u> 1980 FEET FROM THE <u>North</u> LINE AND <u>1460</u> FEET FROM	10. Field and Pool, or Wildcat
THE <u>East</u> LINE, SECTION <u>1</u> TOWNSHIP <u>18S</u> RANGE <u>33E</u> NMPM.	EK Yates Seven Rivers Queen
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
4098 GL, 4108 KDB	Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

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.

1. Pull rods, pump and tubing.
2. Run 4 3/4" bit to PBTD 4250'. Pull bit.
3. Run packer and acidize perforations 4132' - 4168' w/2000 gal.
4. Return well to production.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE 	S. G. Scott	TITLE District Manager
		DATE 8-3-84
ORIGINAL SIGNED BY JERRY SEXTON		
DISTRICT 1 SUPERVISOR		
APPROVED BY	TITLE	DATE
		AUG - 7 1984
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

AUG - 6 1984

COMM  
ADVISORY SERVICE