

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.	30-025-08073
5. Indicate Type of Lease	<del>FEDERAL</del> STATE <input checked="" type="checkbox"/> FEE
6. State Oil & Gas Lease No.	NMLC065007
7. Lease Name or Unit Agreement Name:	Young <del>Queen</del> (Federal) Unit
8. Well No.	002
8. Pool name or Wildcat	Young Queen

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 ☒ Gas Well Other

2. Name of Operator Sierra Blanca Operating Co.

3. Address of Operator 1111 N. Washington  
Roswell, New Mexico 88201

4. Well Location  
Unit Letter E : 660 feet from the North line and 660 feet from the West line  
Section 16 Township 18S Range 32E NMPM County Lea

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON  
TEMPORARILY ABANDON CHANGE PLANS  
PULL OR ALTER CASING MULTIPLE COMPLETION

OTHER: Return to production

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING  
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT  
CASING TEST AND CEMENT JOB

OTHER:

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.

Install producing equipment and test well.

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

SIGNATURE Clyde A. Liley TITLE President DATE \_\_\_\_\_

Type or print name Clyde A. Liley Telephone No. (505) 622-8528  
(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 2-2000  
Conditions of approval, if any: