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NEW MEXICO OIL CONSERVATION COMMISSION

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

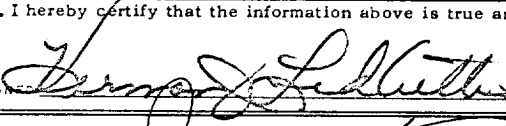
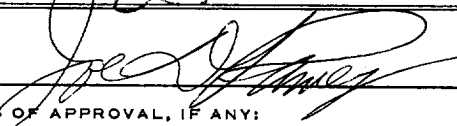
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. State Oil & Gas Lease No. E 1190-4
2. Name of Operator NEWMONT OIL COMPANY		7. Unit Agreement Name YOUNG UNIT
3. Address of Operator P. O. BOX 1305, ARTESIA, NEW MEXICO 88210		8. Farm or Lease Name
4. Location of Well UNIT LETTER D 660 FEET FROM THE N LINE AND 660 FEET FROM THE W LINE, SECTION 16 TOWNSHIP 10S RANGE 32E NMPM.		9. Well No. 2
		10. Field and Pool, or Wildcat YOUNG QUEEN
15. Elevation (Show whether DF, RT, GR, etc.)		12. County LEA

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

This well was perforated as follows:

12-2-69 Pulled rods & tubing. Ran Dresser-Atlas Select-Fire gun NCF 11 charge  
2 jet shots per foot from 3819-25'. Ran tubing & rods. Put well on pump.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE 	TITLE Division Superintendent	DATE 12-18-69
APPROVED BY 	TITLE SUPERVISOR DISTRICT	DATE DEC 22 1969
CONDITIONS OF APPROVAL, IF ANY:		