Submit 3 Copies To Appropriate District Office District 1	State of New Mexico Energy, Minerals and Natural Resources		HWELL API NO.	Form C-103 Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM 88240District II811 South First, Artesia, NM 88210District III1000 Rio Brazos Rd., Aztec, NM 87410District IV2040 South Pacheco, Santa Fe, NM 87505	OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505		30-025 5. Indicate Type of I STATE [] 6. State Oil & Gas	FEE Lease No. 2063441	
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;			Name:	Federal Unit	
Oil Well Gas Well Other 2 Name of Operator Sierra Blanca Operating Co.			8. Well No. 003		
3 Address of Operator 1111 N		8. Pool name or Wildcat Young Queen			
Roswell, New Mexico 88201 Foung Queen 4. Well Location 1					
Unit Letter <u>A</u> :	660 feet from the <u>North</u>	i line and	<u>330</u> feet from t	he <u>East</u> line	
Section 17	Township18S10.Elevation (Show whether DI		etc.)	County Lea	
11. Check A NOTICE OF IN PERFORM REMEDIAL WORK	opropriate Box to Indicate Na TENTION TO: PLUG AND ABANDON	ture of Notice, SUI REMEDIAL WO		Data PORT OF: ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE D	RILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST CEMENT JOB	AND		
OTHER Return to production		OTHER:	1	including estimated date	

OTHER: Return to production UTHER: 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.

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I hereby certify that the information above is true and com	plete to the best of my knowledge and belief.	
I hereby certify that the information above is the and cert	\mathcal{D}	DATE
SIGNATURE Clyle A. Liley	TITLE MASICIEN	
		Telephone No (505)
Type or print name		_
(This space for State use)		2
APPPROVED BY Conditions of approval. if any:	TITLE	DATE