

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.	30-025-08079
5. Indicate Type of Lease	FEDERAL STATE <input type="checkbox"/> FEE
6. State Oil & Gas Lease No.	NMLC063559

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	7. Lease Name or Unit Agreement Name: Young Queen Federal Unit
2. Name of Operator Sierra Blanca Operating Co.	8. Well No. 011
3. Address of Operator 1111 N. Washington Roswell, New Mexico 88201	8. Pool name or Wildcat Young Queen
4. Well Location Unit Letter <u>N</u> <u>510</u> feet from the <u>South</u> line and <u>1685</u> feet from the <u>West</u> line Section <u>17</u> Township <u>18S</u> Range <u>32E</u> NMPM County <u>Lea</u>	

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

SUBSEQUENT REPORT OF:

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

OTHER: Return to production

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 _____
Conditions of approval, if any: