

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. 30-025-08083 |
| 5. Indicate Type of Lease FEDERAL STATE <input type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. NMLC064175-A |
| 7. Lease Name or Unit Agreement Name: Young Queen Federal Unit |
| 8. Well No. 009 |
| 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 I 2350 feet from the South line and 1025 feet from the East line
Section 17 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: | | SUBSEQUENT REPORT OF: | |
|-----------------------------|---------------------|----------------------------|----------------------|
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLING OPNS | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | MULTIPLE COMPLETION | 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 recompletion.

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: