Submit 3 Copies To Appropriate District Office	State of New Me			Form C-103 Revised March 25, 1999
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.	
District II	OIL CONSERVATION DIVISION		30-025-08091	
811 South First, Artesia, NM 88210 District III	2040 South Pacheco		5. Indicate Type of Lease FEDERAL	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE FEE	
District IV 2040 South Pacheco, Santa Fe, NM 87505	Jistitet 1 V		6. State Oil & Gas	Lease No.
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			7. Lease Name or Unit Agreement Name: Young Queen Federal Unit	
2. Name of Operator Sierra Bla	8. Well No. 025			
2. Name of Operator Sterra Blanca Operating Co.				
3. Address of Operator 1111 N. Washington			8. Pool name or Wildcat	
Roswell, New Mexico 88201			Young Queen	
4. Well Location				
Unit Letter O:	990 feet from the South	line and	feet from th	he <u>East</u> line
Section 20	Township 18S	Range 32	E 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				
			SEQUENT REPO	RT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	K A	LTERING 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	on	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.				
instan producing equipment and test wen.				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
Thereby certify that the information above is true and complete to the best of my knowledge and benefit.				
SIGNATURE (Vyle	A diley TITLE	President		DATE
Type or print name Clyde A	A. Liley		Telephone No. (505) 6	522-8528
(This space for State use)				
APPPROVED BY	TITLE		1	DATE
Conditions of approval, if any:	IIILE			DATE