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

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.
30-025-08093

5. Indicate Type of Lease FEDERAL
   STATE ☐   FEE

6. State Oil & Gas Lease No.
   NMLCO64175-A

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 X   Gas Well   Other

2. Name of Operator Sierra Blanca Operating Co.

3. Address of Operator   1111 N. Washington
                         Roswell, New Mexico 88201

7. Lease Name or Unit Agreement Name:
   Young Queen Federal Unit

8. Well No. 016

8. Pool name or Wildcat
   Young Queen

4. Well Location

   Unit Letter   E   :   1980   feet from the   North   line and   660   feet from the   West   line

   Section   20   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 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 _____ TITLE ____President____ DATE _____

Type or print name   Clyde A. Liley   Telephone No. (505) 622-8528

(This space for State use)

APPPROVED BY _____ TITLE _____ DATE _____

Conditions of approval. if any: