

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. 30-025-08097
5. Indicate Type of Lease FEDERAL STATE <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	7. Lease Name or Unit Agreement Name: Young <del>Queen</del> Federal Unit
2. Name of Operator Sierra Blanca Operating Co.	8. Well No. 015
3. Address of Operator 1111 N. Washington Roswell, New Mexico 88201	8. Pool name or Wildcat Young Queen

4. Well Location Unit Letter <u>C</u> : <u>1214</u> feet from the <u>North</u> line and <u>1426</u> feet from the <u>West</u> line Section <u>20</u> Township <u>18S</u> Range <u>32E</u> NMPM County <u>Lea</u>
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10. Elevation (Show whether DR, RKB, RT, GR, etc.)
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11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING OTHER: Return to production	SUBSEQUENT REPORT OF: REMEDIAL WORK COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB OTHER: ALTERING CASING PLUG AND ABANDONMENT

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 <u>Clyde A. Liley</u>	TITLE <u>President</u>	DATE _____
Type or print name <u>Clyde A. Liley</u>	Telephone No. (505) 622-8528	
(This space for State use)		

APPROVED BY _____	TITLE _____	DATE _____
Conditions of approval, if any:		