

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

WELL API NO. 30-025-08100	
5. Indicate Type of Lease FEDERAL STATE ☐ FEE	
6. State Oil & Gas Lease No. NMNM09245	
7. Lease Name or Unit Agreement Name: Young Queen Federal Unit	
8. Well No. 024	
8. Pool name or Wildcat Young Queen	
4. Well Location Unit Letter <u>N</u> : <u>990</u> feet from the <u>South</u> line and <u>2310</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>	
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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 N : 990 feet from the South line and 2310 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:

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 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:

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