State of New Mexico
Ene../, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-03385

5. Indicate Type of Lease
STATE ☒   FEE ☐

6. State Oil & Gas Lease No.
B-244

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.)

7. Lease Name or Unit Agreement Name

Gulf State

1. Type of Well:
OIL WELL ☒   GAS WELL ☒   OTHER

8. Well No.
1

2. Name of Operator
James L. Evans

3. Address of Operator
P.O. Box 1029 Eunice, NM 88231

9. Pool name or Wildcat Eumont Yates
Seven Rivers Queen

4. Well Location

Unit Letter __V__ : __660__ Feet From The __South__ Line and __1980__ Feet From The __West__ Line

Section __1__   Township __21S__   Range __35E__   NMPM   __Lea__   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3589 GR.

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 ☐

OTHER: Commingled Yates & Queen ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐   ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐   PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

Well is now dualed with marginal production from Yates gas and Queen oil.
I would like permission to remove packer and produce both zones as a 40
acre spacing oil well. (See inclosed C-102)

Oil Conservation Division needs C-116 Gas-Oil Ratio Test after you remove the packer.

Holding   C-102

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _[signature]_   TITLE Operator   DATE 4/20/94

TYPE OR PRINT NAME James L. Evans

(505)
TELEPHONE NO. 394-3748

(This space for State Use)

ORIGINAL SIGNED BY LEW [illegible]
DISTRICT SUPERVISOR

APR 26 1994

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: