

Submit 3 Copies To Appropriate District Office
District I
625 N. French Dr., Hobbs, NM 88240
District II
11 South First, Artesia, NM 88210
District III
000 Rio Brazos Rd., Aztec, NM 87410
District IV
040 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

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.)

Type of Well:
Oil Well ☒ Gas Well ☐ Other ☐

Name of Operator
Joe Melton Drilling Co., Inc.

Address of Operator
P.O. Box 4203 Midland, Texas 79704

Well Location

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

Section 23 Township 21S Range 36E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3574

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

2. 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.

4/27/01 Re-enter well found junk in hole @3467'. Drilled through junk to 3540'.
to Clean out well to 3793'. RIH w/seat nipple on 120 jts. 2-3/8" tubing
5/02/01 Seat nipple @ 3720'.

5/09/01 Ran pump and rods, set gas meter and pumping unit.

5/12/01 Start producing well, recovering mostly water.

5/30/01 Test of 24 hrs. 11 B0, 23 BW, 34 MCFPD.

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

SIGNATURE Karen Allen TITLE Secretary DATE 5/31/01

Type or print name Karen Allen Telephone No. 915 682-5461
(This space for State use)

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