Submit 3 Copies To Appropriate District	State of New Mexico				Form C-103
Office District I	Energy, Minerals and Natural Resources			Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM 88240	240			WELL API NO.	
District II OIL CONSERVATION DIVISION			30-02504781 5. Indicate Type of Lease		
811 South First, Artesia, NM 88210 District III 2040 South Pacheco					
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505					
District IV 2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & Gas Lease No. NMB 935		
		T 11 1771 T C	<u> </u>		Unit Agreement Name:
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEHPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH				7. Lease Maine U	
PROPOSALS.)				i	
1. Type of Well: Oil Well Gas Well Other				New Mexico State G }	
2. Name of Operator				8. Well No.	
Joe Melton Drilling Co., Inc.				4 9. Pool name or Wildcat	
	and, Texas 79704			Eumont Yates	7 Rvrs. Queen (oil)
4. Well Location	%		•		
Unit Letter G :	1980 feet from the	North	line and <u>1</u>	980feet from	n the <u>East</u> line
Section 26	Township 2	215 Ra	nge <u>36E</u>	NMPM Lea	County
10. Elevation (Show whether DR, RKB, RT, GR, etc.)					
	3545			ey an an	an a
11. Check A	ppropriate Box to Inc	dicate Na	ature of Notice,	Report or Other I	Data
NOTICE OF IN	TENTION TO:		SUB	ISEQUENT <u>R</u> EP	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR		
	CHANGE PLANS		COMMENCE DR	ILLING OPNS. 🗌	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A		. .
OTHER:			OTHER: Re-	Entry	
	ed operations. (Clearly s	tate all per	rtinent details, and	give pertinent dates,	including estimated date
of starting any proposed work) or recompilation.). SEE RULE 1103. For	and juni	k to 3864° .	Acidized perfe	prations w
3000 gallons in 3 stages 15% HCL acid w/Xylene and rock salt diverter. Ran pump rods, wait on electrical construction and installation of pumping unit. Presently producing.					
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and the second secon					
				11.1.6	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE_KAUL	allen		Secretary		DATE10/23/00
Type or print name Karen Al	len			Tele	phone No. 915 682-5461
(This space for State use)					
(1 his space for State use)					TD & TT S
APPPROVED BY		_TITLE_			DATE
Conditions of approval, if any:					

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