District I Energy, Minerals a	Energy, Minerals and Natural Resources		Form C-103 Revised March 25, 1999 WHLL API NO. 30-025-04786 5. Indicate Type of Lease STATE FEE	
1625 N. French Dr., Hobbs, NM 88240 District II 311 South First, Artenia, NM 88210 District III 1000 Rio Brazos Rd., Aztoc, NM 87410 OIL CONSERVATION 2040 South Pac		co		
<u>District IV</u> South Pacheco, Santa Fe, NM 87505		05	6. State Oil & Gas Lease N	
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 ROPOSALS.)			7. Lease Name or Unit Agre	ement Name:
. Type of Well: Oil Well II Gas Well - Other			New Mexico G State	
. Name of Operator Joe Melton Drilling Co., Inc.			8. Well No. 11	
Address of Operator P.O. Box 4203 Midland, Texas 79704			9. Pool name or Wildcat Eumont Yates 7 Rvrs	. Queen oil
. Well Location	•			
Unit Letter <u>E</u> : 1980 feet from the	North	line and78	35 feet from the We	est_line
Section 26 Township 21			NMPM Lea County	
10. Elevation (Show wh	iether DR, I	RKB, RT, GR, etc		
11. Check Appropriate Box to Indi NOTICE OF INTENTION TO:]	IFE OF NOTICE, I SUB REMEDIAL WOR	SEQUENT <u>R</u> EPORT C	
	- I.			
PULL OR ALTER CASING C MULTIPLE CASING TEST AND				
COMPLETION		OTHER:		
OTHER: 12. Describe proposed or completed operations. (Clearly st	ate all perti	nent details and	give pertinent dates, including	estimated date
12. Describe proposed of completed operations. (Clearly support of starting any proposed work). SEE RULE 1103. For a compilation. We attempted to re-enter this well in A junk in hole at 2658'. We want to plug	August.	2000. The	attempt failed when	•••••=•
Set Cast Iron Bridge Plug on top of jur spot plug at 1400'-1500' 25 sx. tag	nk @ 265	8'.	16171319	
spot plug at 250'-350' 25 sx. tag			21415 V	
spot plug at surface 10 sx.			12 1 19 19 19 19 19 19 19 19 19 19 19 19 1	o
Set dry hole marker as required.			1016815 16 17 3 19 1016815 HP 200	
			Ire and belief	
hereby certify that the information above is true and comple	/		DATE	4/12/02
SIGNATURE		Secretary		<u>915 682-546</u> 1
Type or print name Karen Allen	GARY	AL SIGNED BY		
This space for State use)	OG FIE TITLE	LD REPRESENT	ATIVE II/STAFF MANAGER	APR 2 3 2002
APPPROVED BY Conditions of approval, if any:		THECOM		
5	Ĺ	N HOURS H	NUR TO THE BEGINNIN O OPERATIONS FOR THE	G OF

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