Submit 3 Copies To Appropriate Distri				Form C-103 Revised March 25, 1999		
District I Energy, Minerals and Natural Resources			al Resources	WELL API NO.		
1625 N. French Dr., Hobbs, NM 88240 District II			DRAGION	30-02504787		
811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION				5. Indicate Type of Lease		
District III 2040 South Pacheco 1000 Rio Brazos Rd., Aziec, NM 87410 Santa Fe, NM 87505				STATE XX FEE		
District IV 2040 South Pacheco, Santa Fe, NM 87505				6. State Oil & Gas Lease No. NM B-935		
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or Unit Agreement Name:		
(DO NOT USE THIS FORM FOR PR DIFFERENT RESERVOIR. USE "AI PROPOSALS.)	OPOSALS TO DRILL OR TO DE	EPEN OR PLU	G BACK TO A R SUCH			
1. Type of Well: Oil Well				New Mexico	State G)	
2. Name of Operator Joe Melton Drilling Co., Inc.				8. Well No.	12	
3. Address of Operator P.O. Box 4203 Midland, Texas 79704				9. Pool name or V	Vildcat 7 Rvrs. Queen(oil)	
4. Well Location	Titutanu, Texas 7.			Lamorre races	7 KV131 Queen(011)	
	. 1000	s South	line and	1980 feet fro r	m the West line	
Unit Letter K	: 1980 feet from th					
Section 26		21S Ra		NMPM Lea	County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3533						
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF PERFORM REMEDIAL WORLD	F INTENTION TO:		SUB REMEDIAL WOR	SEQUENT RE	PORT OF: ALTERING CASING	
TEMPORARILY ABANDON	☐ CHANGE PLANS		COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		:	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB			
OTHER: Complete Queen	formation	\Box	OTHER:			
	mpleted operations. (Clearlywork). SEE RULE 1103. F	y state all per or Multiple (rtinent details, and completions: Attac	give pertinent dates, th wellbore diagram	including estimated date of proposed completion	
the Queen forma Acidize w/2000	equipment to perforation. gallons 15% HCL ac am frac w/448 Bbls.	id.	•			
					·	
I hereby certify that the information	mation above is true and cor	nplete to the	best of my knowle	dge and belief.		
SIGNATURE /	andle	TITLE	Secretary		DATE 10/30/00	
Type or print name Karen	Allen			Tele	phone No. 915 682-5461	
(This space for State use)					Mar Electrical	
APPPROVED BY		tile_		· - i	DATE	
Conditions of approval, if any	y :					
5 C						

