Submit 3 Copies To Appropriate Distri Office	ict	State of New Mexico				Form C-103 Revised March 25, 1999
District I 1625 N. French Dr., Hobbs, NM 88240 Energy, Minerals and Natural Resources					WELL API NO.	
District II OIL CONSERVATION DIVISION					30-025-4787	<u> </u>
811 South First, Artesia, NM 88210 District III 2040 South Pacheco					5. Indicate Type o	!
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505					6. State Oil & G	
2040 South Pacheco, Santa Fe, NM 87	505		-		NMB-9	
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					7. Lease Name or	Unit Agreement Name:
PROPOSALS.) 1. Type of Well:					New MexicoA	State 🖡
Oil Well 🔯 Gas Well 🗋 Other					8. Well No.	
2. Name of Operator Joe Melton Drilling Co., Inc.					1	
3. Address of Operator					9. Pool name or W	
P.O. Box 4203 Mid	land,	<u>Texas 79704</u>			Eumont rale	<u>s 7 Rvrs. QueenOil</u>
		1980 feet from the	South	line and	1980 feet from	n the West line
Unit Letter K						
Section 26		Township		nge <u>36E</u> P PKB BT GR af	NMPM Lea	County
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3533						
11. Chee	ck App	ropriate Box to In	dicate Na	ature of Notice,	Report or Other	Data
NOTICE OF INTENTION TO: SUB					SEQUENT REI	PORT OF:
PERFORM REMEDIAL WOR	< 🗋 P	PLUG AND ABANDO		REMEDIAL WOF	RK 🗋	
TEMPORARILY ABANDON		HANGE PLANS				
PULL OR ALTER CASING	+-	NULTIPLE		CASING TEST A CEMENT JOB	ND 🗌	• a
OTHER:				OTHER: Re-e	entry	<u> </u>
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date						
 Describe proposed of completed operations. (Clearly state an permissi details, and give proposed in proposed completion of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. 						
Drilled cement pl	uas fr	rom surface to	3865'			
Acidized perforat	ions 3	3814'-3834' w/4	1000 gal	lons 7-1/2% a	acid.	
Swabbed fluid, at	tempte	d to place on	plunger	lift, too mu	uch fluid.	line $9/10/00$
Wait on pumping u Began pumping on	nit tr 0/16/0	$M = \frac{31}{2000}$	0 9/10/ mtlv ma	lo, connected king 14 4 BO	PD. 45 BWPD. 8	3 MCFPD.
Began pumping on	9/10/0	Jo. Well plese		King 14.4 Do	, io <i>biii</i> by o	
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					1 11 1: 0	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE A	en	<u>- Aller</u>	TITLE	Secretary		DATE 9/25/00
Type or print name Karen	Aller	า			Tele	phone No915 682-5461
(This space for State use)						
			OMATE		11. 计任何问题:	DATE
APPPROVED BY Conditions of approval, if any	<u></u> . <i>Г</i> .			<u></u>		

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