Submit 3 Copies To Appropriste Distri Office				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			30-02504788		
811 South First, Artesia, NM 88210 District III 2040 South Pacheco			5. Indicate Type of STATE	1	
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe. NM 87505			6. State Oil & Ga		
District IV 2040 South Pacheco, Santa Fe, NM 87505				NMB-935	
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: Oil Well Gas Well Other				New Mexico State G	
2. Name of Operator				8. Well No.	
Joe Melton Drilling Co., Inc.					.3
3. Address of Operator P. O. Box 4203 Midland, Texas 79704				9. Pool name or W	7 Rvrs. Queen
P.O. Box 4203 Midland, Texas 79704 Eumont Yates 7 RVrs. Queen					
_	: 660 feet from the	North	line and	1050 feet fron	n the West line
Unit Letter D				NMPM Lea	County
Section 26	10 Elevation (Show w	whether Dr	R, RKB, RT, GR, e		
3550					
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
NOTICE O	F INTENTION TO:		SUE REMEDIAL WO		
PERFORM REMEDIAL WOR					
TEMPORARILY ABANDON			CASING TEST A		ABANDONMENT
PULL OR ALTER CASING			CEMENT JOB		• :
OTHER:			OTHER:	recompletion	including estimated date
 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 recompilation. 					
Acidized with 200 Halliburton foam	s. formation from 358 00 gallons 15% acid frac w/448 Bbls. wat 16/64" choke, tubing roducing 6.7 Bbls. c ingly.	ter, 140) tons.CO2 & re 120#		ay, please adjust
I hereby certify that the inform		late to the	best of my knowle	edge and belief.	
I hereby certify that the inform $-\mathcal{V}$	mation above is true and comp				
SIGNATURE	un aller	_TITLE_	Secretary		DATE9/22/00_
Type or print name Kar	en Allen			Tele	phone No. 915_682-5461
(This space for State use)					15 1
	(1)F	TITLE	ang pang ang ang ang ang ang ang ang ang ang	e ta est t A (A)	DATE
APPPROVED BY Conditions of approval, if any					
Conditions de approval, à au	•				

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