

Submit 3 Copies To Appropriate District Office  
District I  
25 N. French Dr., Hobbs, NM 88240  
District II  
1 South First, Artesia, NM 88210  
District III  
10 Rio Brazos Rd., Aztec, NM 87410  
District IV  
10 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised March 25, 1999

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

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 PROPOSALS.)

Type of Well:

Oil Well ☒ Gas Well ☐ Other ☐

Name of Operator

Joe Melton Drilling Co., Inc.

Address of Operator

P.O. Box 4203 Midland, Texas 79704

Well Location

Unit Letter A : 660 feet from the North line and 660 feet from the East line

Section 23

Township 21S Range 36E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3541

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

DILL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Cementing Report ☒

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.

On our New Mexico State G #22 we cemented the 8-5/8" surface casing (set @ 374') w/ 260 sx. Premium plus cement w/2% calcium chloride, circulated to the surface. Wait on cement 24 hrs.

Cemented production casing 5-1/2" set @ 3800' w/500 sx. Interfill C followed by 110 sx. Premium Plus, cement did not circulate, correlation log found top of cement @ 464'. We waited on cement 24 hrs.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Karen Allen TITLE Secretary DATE 10/23/00

Print name Karen Allen

Telephone No. 915 682-5461

(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of approval, if any: