abmit 3 Copies To Appropriate District       State of New Mexico         flice       Energy, Minerals and Natural Resources         25 N. French Dr., Hobbs, NM 88240       Intrict II         11 South First, Artesia, NM 88210       OIL CONSERVATION DIVISION         istrict III       2040 South Pacheco         100 Rio Brazos Rd., Aztec, NM 87410       Santa Fe, NM 87505		Form C-103 Revised March 25, 1999 WHLL API NO. 30-025-35019 5. Indicate Type of Lease STATE I FHE 6. State Oil & Gas Lease No.		
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.) 1. Type of Well:			7. Lease Name or Unit Agreement Name:	
Oil Well 🖾 Gas Well 🔲 Other			New Mexico G State	
2. Name of Operator			8. Well No.	
Joe Melton Drilling Co., Inc. 3. Address of Operator			23 9. Pool name or Wildcat	
P.O. Box 4203 Midland, Texas 79704			Eumont Yates 7 Rvrs Queen oil	
4. Well Location				
Unit Letter P : 660 feet from the	<u>South</u>	line and3	30 feet from the	<u>East</u> line
Section 23 Township	215. <b>R</b> a	<b>nge</b> 36E	NMPM Lea Cou	ntv
10. Elevation (Show whether DR, RKB, RT, GR, etc.)				
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK D PLUG AND ABANDON			SEQUENT REPOR	T OF: ERING CASING 🗖
TEMPORARILY ABANDON 🔲 CHANGE PLANS		COMMENCE DRI		
PULL OR ALTER CASING MULTIPLE		CASING TEST AN CEMENT JOB		
OTHER:		<b>OTHER:</b> Cemen	ting Report	<b>X</b>
<ol> <li>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.</li> </ol>				
3/14/01 cemented 372' 8-5/8" 24# casi Cement circulated to surface.		5 sx. Class C	cement w/2% Calc	ium Chloride
3/18/01 Cemented 3852' 15.5# 5-1/2" k 125 sx. Premium Plus cement.				C ement and
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Harenaldan	TITLE	Secretary	DA	<b>TB</b> _4/17/01
Type or print name Karen Allen			Telephone	<b>No.</b> 915-682-5461
(This space for State use)		0710- 1940 -	xu 427	
APPPROVED BY Conditions of approval, if any:	_TITLE	Or Carlos	DA'	<u>re</u>

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