-	AM	END	ED	REPORT	Γ
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				AMENDI	ED REPORT
bmit 3 Copies To Appropriate District fice	New Mexico and Natural Resources		Form C-103 Revised March 25, 1999		
<u>strict I</u> 25 N. Freach Dr., Hobbs, NM 88240				WELL API NO.	
<u>strict II</u> 1 South First, Artesia, NM 88210	OIL CONSERV	DIVISION	30-02535020		
t Sound Fille, Artenia, IMI 66210	5. Indicate Type of Lease STATE X FEE				
00 Rio Brazos Rd., Aztec, NM 87410 strict IV	6. State Oil & Gas Lease No.				
40 South Pacheco, Santa Fe, NM 87505	NMB 935				
SUNDRY NOTIC O NOT USE THIS FORM FOR PROPOSA FFERENT RESERVOIR. USE "APPLICA OPOSALS.)	ES AND REPORTS ON LS TO DRILL OR TO DEEP TION FOR PERMIT" (FORM	en or plu	G BACK TO A R SUCH	7. Lease Name or	Unit Agreement Name:
Type of Well:	_			New Mexico(s	State/G)
Oil Well 🖾 Gas Well	Other			8. Well No.	
Name of Operator Joe Melton Drilling Co	Inc			24	
Address of Operator	• 9 1110.		:	9. Pool name or V	Wildcat
P.O. Box 4203 Midland,	Texas 79704			Eumont Yates	<u>7 Rvrs. Queen(oil</u>)
Well Location					
Unit Letter <u>A</u>	<u>660</u> feet from the Township 2			660 feet from NMPM Lea	m the <u>East</u> line
Section 26	10. Elevation (Show)	whether DI			
	3551			19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -	
NOTICE OF INT	Propriate Box to In FENTION TO: PLUG AND ABANDON		ture of Notice, SUE REMEDIAL WOR	SEQUENT RE	Data PORT OF: ALTERING CASING
	CHANGE PLANS				
	MULTIPLE		CASING TEST A		ABANDONMENT
	COMPLETION		CEMENT JOB		· ·
THER:			OTHER: Ceme	nting Report	<u>KX</u>
 Describe proposed or complete of starting any proposed work). or recompilation. 	SEE RULE 1103. For	Multiple	Jompieuons. 7.		
Cement 8-5/8" surface, cement circulated to s	, set @ 367' w/ 2 surface. Wait 24	260 sx. hours.	of Premium P	Plus w/2% Calc	ium Chioriae,
Cement 5-1/2" product cement did not circula @ 540'. Tested casing	ate to surface.	Wait 24	∉/500 sx. Int ¦ hrs. Corre	cerfill C and elation log fo	110 sx. Premium Plus und top of cement
hereby certify that the information	a above is the and com	lete to the	best of my knowle	edge and belief. ρ_r	mended 10/05/00
hereby certify that the information				- 10	DATE 10/23/00
SIGNATURE	uallen_	TITLE_	Secretary		DATE_10/23/00
Type or print name Karen				Tele	ephone No. 915 682-5461
This space for State use)			Dais Tim		ന മനങ ്ങം നന്നത്തിൽ
APPPROVED BY Conditions of approval, if any:		TITLE_	Pari de Ort de		
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