Submit 3 Copies To Appropriste District Mice	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised March 25, 1999			
<u>District I</u> Energy, Winterais and Natural Resources 625 N. French Dr., Hobbs, NM 88240			WELL API NO.			
<u>Vistrict II</u> 11 South First, Artenia, NM 88210 OIL CONSERVATION DIVISION			DIVISION	30-02535020		
<u>Pietrice III</u> 2040 South Pache				5. Indicate Type of		
000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505				STATE C		
040 South Pacheco, Santa Fe, NM 87505				6. State Oil & G NMB 935	as Lease No.	
DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA ROPOSALS.) Type of Well:		EPEN OR PLU			Unit Agreement Name:	
Oil Well Gas Well Other				8. Well No.		
<ul> <li>Name of Operator         Joe Melton Drilling Co., Inc.     </li> <li>Address of Operator</li> </ul>				9. Pool name or Wildcat		
P.O. Box 4203 Midland, Texas 79704				<u>[Eumont Yates</u>	<u>7 Rvrs. Queen(oil</u>	)
<ol> <li>Well Location</li> <li>Unit Letter <u>A</u></li></ol>	660 feet from th	e <u>North</u>	line and	660 feet from	m the <u>East</u> line	
Section 26	Toomship	215 <b>R</b> a	nge 36E	NMPM Lea	County	
Section 26	10. Elevation (Show					
	3551					
	ppropriate Box to I	Indicate Na	ature of Notice,	Report or Other	Data	
	FENTION TO: PLUG AND ABANDO	ом 🗖	REMEDIAL WOR		ALTERING CASING	l
	CHANGE PLANS		COMMENCE DR	RILLING OPNS. 🗌		i
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB			
OTHER:				nting Report	KX	į
<ol> <li>Describe proposed or complete of starting any proposed work). or recompilation.</li> </ol>	ed operations. (Clearly SEE RULE 1103. Fo	y state all per or Multiple (	tinent details, and Completions: Attac	give pertinent dates, ch wellbore diagram	including estimated date of proposed completion	
Cement 8-5/8" surface, cement circulated to s	, set @ 367' w/ surface. Wait 24	260 sx. 1 hours	of Premium P	lus w/2% Calc	ium Chloride,	
Cement 5-1/2" producti cement did not circula @ 540'.	ion casing set @ ate to surface.	9 3850' w Wait 24	//500 sx. Int hrs. Corre	erfill C and lation log fo	110 sx. Premium Pl und top of cement	us
I hereby certify that the information	above is true and con	plete to the	best of my knowle	dge and belief.		
SIGNATURE Karin	~ <u>()()</u>		<u>Secretary</u>		DATE10/23/00	
Type or print name Karen A	Allen			Tele	phone No. 915 682-54	<b> </b> 61
(This space for State use)			••• · · ·		•	
		TITLE	1	`ic	DATE	
APPPROVED BY Conditions of approval, if any:			لىنچا			
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