

Submit 3 Copies To Appropriate District Office
District I
625 N. French Dr., Hobbs, NM 88240
District II
11 South First, Artesia, NM 88210
District III
600 Rio Brazos Rd., Aztec, NM 87410
District IV
1040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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 B : 660 feet from the North line and 1980 feet from the East line

Section 23 Township 21S Range 36E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3534

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 ☐

PULL 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 ☒

2. 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 recompletion.

Spud 4/5/01 drilled to 365', set 365' 8-5/8" casing, cemented with 260 sx. Premium Plus cement w/2% calcium chloride, circulated 25 sx.

Drill to TD 3854'. Set 3854' 5-1/2" casing, cemented with 600 sx. Interfil C w/1/4# Flocele per sack, followed w/150 sx. Premium Plus cement. Cement circulated.

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 5/25/01

Type or print name

Telephone No.

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any: