Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office District I Energy, Minerals and Natural Resources Revised March 25, 1999 1625 N. French Dr., Hobbs, NM 88240 WELL API NO District II OIL CONSERVATION DIVISION 30-025-35409 811 South First, Artesia, NM 88210 District III Indicate Type of Lease 2040 South Pacheco 1000 Rio Brazos Rd., Aztoc, NM 87410 STATE X FEE Santa Fe, NM 87505 District IV State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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: Oil Well XX Gas Well - Other New Mexico G State Name of Operator 8. Well No. Joe Melton Drilling Co., Inc. 32 Address of Operator 9. Pool name or Wildcat P.O. Box 4203 Midland, Texas Eumont Yates 7 Rvrs Queen oil Well Location Unit Letter 2308 **feet from the** South line and 1882 feet from the _East line Section Township 21S Range **NMPM** 36E County Lea Man Company of Company 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3536 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. **PLUG AND** ABANDONMENT PULL OR ALTER CASING MULTIPLE CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: Cementing report 12. 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. Cemented 395' 8-5/8" 24# casing with 260 sx. Premium plus, 2% Calcium Chloride 3/08/01 and 1/4# Flocele per sack. Cement circulated to surface. Cemented 3850' 5-1/2" 15.5# K55 LT&C casing w/500 sx. Interfil C cment w/1/4# $\,$ 3/13/01 Flocele per sack and 125 sx. Premium Plus cement. Cement circulated to surface. I hereby certify that the information above is true and complete to the best of my knowledge and belief. **DATE** 4/17/01 TITLE Secretary SIGNATURE Karen Allen **Telephone No.** 915 682-5461 Type or print name (This space for State use) 6001 APPPROVED BY DATE Conditions of approval, if any: