Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

Form C-103
Revised 1-1-89

WELL API NO.
30-025-12042

5. Indicate Type of Lease STATE XX

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.)

7. Lease Name or Unit Agreement Name
SOUTH LEONARD QUEEN UNIT

1. Type of Well
OIL WELL ___ GAS WELL ___ OTHER INJECTION

2. Name of Operator
KELTON OPERATING CORPORATION

8. Well No.
11

3. Address of Operator
P.O. BOX 7906, MIDLAND, TX 79708-7906

9. Pool name or Wildcat
LEONARD QUEEN SOUTH

4. Well Location
Unit Letter I : 1980 Feet From The SOUTH Line and 660 Feet From The E

Section 23 Township 26S Range 37E NMPM LEA

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

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	XX	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER:	☐		

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

1. 7" CIBP @ 2700' W/25 SACKS OF CEMENT
2. PERFORATE AND SQUEEZE 7" @ 1100' W/ 45 SACKS OF CEMENT, WOC & TAG
3. 40 SACK ON 7" STUB +/- 800'
4. 75 SACKS 220 - 120
5. 10 SACKS SURFACE W/DRY HOLE MARKER

9.5# MUD BETWEEN ALL PLUGS

THE COMMISSION MUST BE NOTIFIED [illegible] PRIOR TO THE COMMENCING OF PLUGGING OPERATIONS [illegible] TO BE APPROVED.

***ORGINALLY SUBMITTED 8/4/00; RE-SUBMITTED W/ABOVE PROCEDURE REFLECTING PLUG CHANGES

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE W L Holmes TITLE AGENT DATE 2/28/01

TYPE OR PRINT NAME W.L.HOLMES TELEPHONE NO. 915-570-5382

(This space for State Use)

APPROVED BY ___ TITLE ___ DATE ___

CONDITIONS OF APPROVAL, IF ANY: