

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89
c15F
Op +

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

MAR 22 '90

WELL API NO. 30-015-26168

5. Indicate Type of Lease
STATE FEE

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
Mosley Canyon "5"
State Com

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No. 1

2. Name of Operator
OGS Operating Co., Inc. ✓

9. Pool name or Wildcat
Und Strawn

3. Address of Operator
550 W. Texas, Suite 1140, Midland, Texas 79701

4. Well Location
Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line

Section 5 Township 24-S Range 25-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3846.4

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
OTHER:
SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
CASING TEST AND CEMENT JOB
OTHER: Complete Well

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. MI & RU pulling unit on 1-16-90
2. PU 2-3/8" tbg & clean out 5-1/2" csg to 9861'
3. Perf Strawn 9742'-9797' & acidize w/1500 gal 15% HCl
4. Swab test as unproductive then set CIBP @ 9680'
5. Perf Strawn 9558'-9570' & acidize w/2500 gal 15% HCl & 5000 gal 20% HCl
6. Swab well to flowing then flow to recover load water
7. Test well for CAOF= 4.842 MMCFPD on 1-29-90
8. Wait on production equipment

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

SIGNATURE Mickey Dobson Mickey Dobson TITLE Vice President-Drlg& Prod. DATE 3-14-90

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II TITLE DATE
APPROVED BY _____ DATE _____

MAY 2 1990

CONDITIONS OF APPROVAL, IF ANY: