

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

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

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.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER

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

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

7. Lease Name or Unit Agreement Name
Mosley Canyon "5"
State Com

8. Well No. 1

9. Pool name or Wildcat
Und Strawn

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-Drilg& Prod. DATE 3-14-90

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 2 1990