Office <u>District I</u> – (575) 3 <sup>o</sup> 1625 N. French Dr <u>District II</u> – (575) 3 <sup>o</sup> 811 S. First St., Ar <u>District III</u> – (505) 1000 Rio Brazos R <u>District IV</u> – (505)	Hobbs, NM 88240 148-1283 tesia, NM 88210 334-6178 d., Aztec, NM 87410 476-3460 Dr., Santa Fe, NM	State of Energy, Minerals OIL CONSERV 1220 South Santa Fe	ATION St. France, NM 87	DIVISION acis Dr.	6. State Oil	NO.  Ol  Type of Lease	
(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					DENTON NORTH WOLFCAMP UNIT Agreement # 8910087370  8. Well Number 67  9. OGRID Number		
STEPHENS & JOHNSON OPERATING CO  3. Address of Operator P O BOX 2249, WICHITA FALLS, TX 76307					019958 10. Pool name or Wildcat Denton Wolfcamp		
Well Locati     Unit L     Sectio	.etter J:_19	Township 145	S R	e and1980' ange	NMPM	Eline LEA Co	ounty
	NOTICE OF INT MEDIAL WORK  Y ABANDON  ER CASING  COMMINGLE	OPPOPITATE BOX TO IN ENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL			SSEQUENT RK ILLING OPNS. IT JOB	REPORT (  ALTERIN  P AND A	IG CASING
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.							
11/13/17	TOOH with tbg, set CIBP @ 12100' W/20' Cement, run CBL & GR/CNL logs from 9800-4300', pressure test csg to 500 psi.						
12/1/17	Set another CIBP @ 9500' W/20' Cement, perforate Wolfcamp formation @ 9144-9230' w/4 spf. Run tbg & pkr, set pkr @ 9048', pressure test csg to 1000 psi, acidize perfs w/5000 gals 20% NEFE acid, swab clean, TOOH w/tbg and pkr, run tbg and rods.						
12/14/17	Set pumping unit, hook up electricity. POP						
Note:	Changed well name	to Denton North Wolfe	amp Unit	No.6-7 from T D F	Ope No.35-7		
Spud Date:		Rig	Release Da	ate:			
I hereby certify	that the information a	bove is true and comple	te to the b	est of my knowled	ge and belief.		
SIGNATURE	TA)	Mr. TIT	LE_VICI	E PRESIDENT	_DATE12/	21/17	
Type or print na For State Use (		RE E-mail address		pre@sjoc,net PH		23-2166	-//
APPROVED B' Conditions of A		TITL	E P	enoiemin		DATE_	2/21/17

APPROVED BY:
Conditions of Approval (if any):