

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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 PROPOSALS.)		WELL API NO. 30-025-37175
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator STEPHENS & JOHNSON OPERATING CO.		6. State Oil & Gas Lease No.
3. Address of Operator P O BOX 2249, WICHITA FALLS, TX 76798		7. Lease Name or Unit Agreement Name DENTON NORTH WOLFCAMP UNIT
4. Well Location Unit Letter G :1505 feet from the NORTH line and 2120 feet from the EAST line Section 35 Township 14S Range 37E NMPM LEA County		8. Well Number 635
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3808' GR		9. OGRID Number 019958
		10. Pool name or Wildcat DENTON WOLFCAMP

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Recomplete to different reservoir and change well name. <input checked="" type="checkbox"/>	

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.

4/23/19 LD one jt of tbg, RU wireline, set CIBP @ 11,960' w/20' cmt on top, set additional CIBP @ 9,600' w/20' cmt on top, run CBL from 9596-4200', TOC @ 4580', perforate Wolfcamp formation @ 9182-9216', 9232-9242' w/4spf. Acidize 9182-9242' w/5000 gals 20% acid. Swab test well.

5/07/19 Set pumping unit. Run pump and rods. Hook up electricity. POP

6/17/19 Repair tbg leak in well. POP

Spud Date: 4/23/19 Rig Release Date: 6/17/19

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

SIGNATURE Bob Gilmore TITLE VICE PRES. DATE 7/8/19
Type or print name BOB GILMORE E-mail address: bgilmore@sjoc.net PHONE: 940-723-2166
For State Use Only

APPROVED BY: Karen Sharp TITLE Staff Mgr DATE 7-25-19
Conditions of Approval (if any):

mailed 7/9/2019
cc: file
cc: BG