

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

811 South First, Artesia NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

WELL API NO.

30-025-34511

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement
Name:

FCR 20 State

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

Falcon Creek Resources, Inc.

3. Address of Operator

621 17th St., Suite 1800
Denver, CO 80293-0621

8. Well No.

3

9. Pool name or Wildcat

4. Well Location

Unit letter G : 1930 feet from the North line and 1980 feet from the East line
Section 20 , Township 20S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3617' GR

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: Perforations & Frac ☒

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.

10-30-98 Pump 500 gal 15% HCl down tbg, spot 150 gal 7.5% NeFe @ 3985'. Perforate Seven Rivers from 3948'-3968', 3974'-3985', and 3937'-3940' w/ 4 JSPF, total of 145 holes

11-4-98 Frac well with 40,000# 16/30 SLC sand.

11-8-98 WO pipeline and battery installation.

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

SIGNATURE Oscar L. Peters TITLE Manager of Operations DATE December 1, 1998

Type of print name Oscar L. Peters

Telephone No. (303) 675-0007

(This space for State use)

ORIGINAL SIGNED BY O. L. WILLIAMS
DISTRICT SUPERVISOR

DEC 23 1998

APPROVED

BY _____ TITLE _____ DATE _____

Conditions of approval, if any: