

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

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

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 3D-D25-33633
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Tres Equis State
8. Well No. 1
9. Pool name or Wildcat Triplet Wildcat Bone Spring
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3633' GL

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER
2. Name of Operator Parker & Parsley Development L.P.
3. Address of Operator P.O. Box 3178, Midland, TX 79702
4. Well Location Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line Section 6 Township 24S Range 33E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3633' GL

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	
OTHER: <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>Rework</u> <input checked="" type="checkbox"/>	

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.

- 5/14/97 Set CIBP @ 10,400' & perforate 1st Bone Spring 10,124'-10,161' w/2 jspf (10,124, 142, 144, 146, 154, 161) (12 holes)
- 5/15/97 Acidize w/3000 gals of 15% NEFE & 24 ball sealers
- 5/19/97 Fracture stimulate w/27,174 gals of 30# Spectra Frac-G & 72,600# of 16/30 PR-6000 propanat
- 5/20/97 Place on pump

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

SIGNATURE Jeanie Dodd TITLE Proration Analyst DATE 5/22/97

TYPE OR PRINT NAME Jeanie Dodd TELEPHONE NO. 915/571-3937

(This space for State Use)

Oxid. Sign...

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 30 1997