

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103 *d5f+*
Revised 1-1-89 *Op*

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

WELL API NO.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L5441

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.)

7. Lease Name or Unit Agreement Name Camel State
8. Well No. #4

1. Type of Well:
OIL WELL GAS WELL OTHER

2. Name of Operator
Plains Radio Broadcasting, Inc. ✓

3. Address of Operator
P.O. Box 1393, Roswell, NM 88202-1393

4. Well Location
Unit Letter A : 1250 Feet From The North Line and 1250 Feet From The East Line
Section 6 Township 9S Range 27E NMPM Chaves County

9. Pool name or Wildcat
Und. S. Pecos Slope Also
N. Four Ranch, Penn.

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3921GR

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>New Zone Completion (Multiple Compl)</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.

3/15/89	Perforated 5104 - 5114 (ABO) with 11 shots. Acidized with 1000 gallons 7½% HCL.
3/17/89	Fracced with 17,000 Gallons H ₂ O, 24,000# sand and 32 tons CO ₂ .
3/21/89	Installed Dual Completion Hardware.

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

SIGNATURE _____ TITLE Engineer DATE 3/24/89

TYPE OR PRINT NAME Fred F. Pool, III TELEPHONE NO. 623-8202

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 28 1989