

NOT AND MATERIALS DEPARTMENT

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LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-163
Revised 10-1-78

3a. Indicate Type of Lease
State ☒ Fee ☐

3. State Oil & Gas Lease No.
L-6425

7. Unit Agreement Name

8. Farm or Lease Name
MJW State

9. Well No.
#1-Y

10. Field and Pool, or Wildcat
S. Pierce Crossing (bone springs)

12. County

SUNDY 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. Well ☒ GAS WELL ☐ OTHER-

2. Name of Operator
Kay Jay Oil

3. Address of Operator
PO Box 1306 Artesia, NM 88211-1306

4. Location of Well
N 860 FEET FROM THE South LINE AND 2020 FEET FROM West LINE, SECTION 30 TOWNSHIP 24S RANGE 29E NMPM.

5. Elevation (Show whether DF, RT, GR, etc.)
2926.6 GL

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
REMEDIAL WORK ☒	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
PERMANENTLY ABANDON ☐	CHANGE PLANS ☒	COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☐
OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER ☐

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Rig up unit, Set 5000lb bop. Toh w/ tubing & packer. Set CIBP @ 5150' with 10 sks cement
Run CBL. Perforate 4959-75 w/ jsp (16 holes) & perforate 4880-92 w/ 2 jsfp (24) holes
TIH w. tbq & set packer @ 4850'. Spot 1000 gals 7.5% NEFE HCL acid, open bypass, pump approx
25 bbls, 2% KCL fluah and close bypass, pump 2000 gals 30# x-linked gel w/ 1-2 ppg 20-40
sand @ 2-3 BPM. Swab test to evaluate. Work to begin 7-21-98

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

By James B. [Signature] TITLE Field Supervisor DATE 7-6-98
By Jim W. [Signature] TITLE District Supervisor DATE 7-8-98

CONDITIONS OF APPROVAL, IF ANY: