

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
P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION

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

WELL API NO.
30-015-26531

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.
K-3077

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

Hunt Oil Company

3. Address of Operator

P.O. Box 1350, Midland, TX 79702

4. Well Location

Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line

Section 15 Township 23 S Range 26 E NMPM Eddy County

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

3344 RKB

11. 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: ☐

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.

Set CIBP @ 11,680'. Perforated Morrow intervals 11,460' - 11,468', 11,553' - 11,557', 11,594' - 11,604', and 11,640' - 11,648'. Acidized via 2-3/8" tubing with 6,000 gals Mod 101 acid with 62 tons of CO₂. Flowed and swab back load. Well will not flow. Loaded up with water. SI well @ 10/05/94.

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

SIGNATURE Don Yoder TITLE Sr. Operations Engineer DATE 10/26/94

TYPE OR PRINT NAME Don Yoder

TELEPHONE NO.

(This space for State Use)

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: