

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.
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name S. E. LONG
8. Well No. 3
9. Pool name or Wildcat WANTZ (ABO)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) NA

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 Mobil Producing Tx. & N.M. Inc.*
3. Address of Operator *Mobil Exploration & Producing U.S. Inc., as Agent for Mobil Producing TX. & N.M. Inc., P. O. Box 633, Midland, TX 79702
4. Well Location Unit Letter O : 660 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 11 Township 22S Range 37E NMPM LEA County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK <input checked="" 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: FRACTURE STIMULATE ABO FORMATION <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: <input 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.

1. MIRU PU. CHECK H2S CONC & RU SAFETY EQUIP IF NEEDED.
2. POH W.SUBS, RODS, & PUMP. ND WELLHEAD. NU BOP.
3. RIH W/PKR FOR 5 CSG & WS. SET PKR AT APPROX. 6700'.
4. MIRU DOWELL TO FRAC. FLUSH TO TOP PERF. RECORD ISIP & START PROCEDURE IMMED. FLOW TO ALLOW FRAC TO CLOSE THEN SHUT WELL IN OVERNIGHT. STRAP FRAC TANKS. RD DOWELL.
5. OPEN WELL UP & BLOW DOWN PRESSURE. REL PKR & POH W/TREATING PKR & WS.
6. RIH W/ TBG. ND BOP. NU WELLHEAD. RIH W/RODS & PUMP. RDMO PU.
7. TURN WELL OVER TO PROD.

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

SIGNATURE J. W. Dixon TITLE Engineering Technician DATE 10-4-91
TYPE OR PRINT NAME J. W. DIXON (915) 688-2452
TELEPHONE NO. 688-2452

(This space for State Use)

APPROVED BY Paul Kautz TITLE Geologist DATE _____
CONDITIONS OF APPROVAL, IF ANY: