STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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# OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

NOV 14 1984
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State ☐ Fee ☒
5. State Oil & Gas Lease No.

## 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. Unit Agreement Name

OIL WELL ☐ GAS WELL ☒ OTHER-

8. Farm or Lease Name: Lynx

Name of Operator: Stevens Operating Corporation ✓

9. Well No.: 1

Address of Operator: P. O. Box 2203 Roswell, New Mexico 88201

10. Field and Pool, or Wildcat: Wildcat-~~Montoya~~ Fuss.

Location of Well: UNIT LETTER G, 1815 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 19, TOWNSHIP 8-S, RANGE 29-E, NMPM.

15. Elevation (Show whether DF, RT, GR, etc.): 3948.7 GR

12. County: Chaves

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK ☐
- TEMPORARILY ABANDON ☐
- PULL OR ALTER CASING ☐
- PLUG AND ABANDON ☐
- CHANGE PLANS ☐
- OTHER ☐

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ☒
- COMMENCE DRILLING OPNS. ☐
- CASING TEST AND CEMENT JOB ☐
- ALTERING CASING ☐
- PLUG AND ABANDONMENT ☒
- OTHER Perforations & Treatment ☐

17. 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.

11-06-84 Rig up pulling unit, kill well, pull tbg & 5 1/2 Pkr. Perf @ 6872', 73, 74, 75, 76, 87, 88, 89, 90, 91, 92, 93, & 94 (13 shots). Trip in w/207 jts 2 3/8 x 4.7# tbg & 5 1/2 J-Loc Pkr set @ 6785'. Pressure annulus to 500#. Rig up tree saver & acidize w/5000 gals 15% MSR 100 plus 500 SCF $N_2$/bbls ACD.

11-07-84 Flowed well, returned to production. Production prior to remedial work: 800 MCF + 20 bbls Cond. & 6 BW. Production after remedial work: 800 MCF + 52 bbls Cond. & 33 BW.

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

SIGNED [signature] TITLE Production Controller DATE 11-12-84

APPROVED BY Original Signed By Leslie A. Clements TITLE Supervisor District II DATE NOV 16 1984

CONDITIONS OF APPROVAL