

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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-015-29637

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
NMNM84634

7. Lease Name or Unit Agreement Name

Red Lake Unit

8. Well No.
28

9. Pool name or Wildcat
Red Lake, (Queen Grayburg) East

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
Beach Exploration, Inc.

3. Address of Operator
800 N. Marienfeld Ste. 200 Midland, Texas 79701

4. Well Location
Unit Letter N : 1200 Feet From The South Line and 2600 Feet From The West Line

Section 25 Township 16S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3606' GL

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: Acidize and Frac ☐

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.

9-11-97 HOWCO ran Gamma Ray-Dual Spaced Neutron log, TD 1850', perforated 1662-1676'.
9-12-97 Ran tbq. IH, circulated hole W/40 bbls.KCL. COFH, PU pkr., RIH, circulated acid to spot, PU 3 jts.reversed out acid, set pkr. @1573'. Acidized w/500 gals. MCA. SI well.
2:17PM-started frac. Fraced w/170 sxs.16/30 sand plus 12,261 gals. gel.
9-19-97 Installed pumping unit.



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

SIGNATURE Barbara Watson TITLE Production DATE 9-22-97

TYPE OR PRINT NAME Barbara Watson

TELEPHONE NO. 915/683-6226

(This space for State Use)

ORIGINAL MAILED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 30 1997

CONDITIONS OF APPROVAL, IF ANY: