Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, erals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO. 30-015-00284

5. Indicate Type of Lease STATE ☐ FEE ☒

6. 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. Lease Name or Unit Agreement Name: ATOKA SAN ANDRES UNIT

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER INJECTION

2. Name of Operator: PENNZOIL EXPLORATION & PRODUCTION COMPANY

8. Well No. 133

3. Address of Operator: P O BOX 50090 MIDLAND TEXAS 79710-0090

9. Pool name or Wildcat: ATOKA SAN ANDRES

4. Well Location
Unit Letter D : 990 Feet From The NORTH Line and 990 Feet From The WEST Line
Section 14 Township 18S Range 26E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3329' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

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

1. Pull out of hole with tbg. & pkr.
2. Perf San Andres 1219', 1315', 1499-1504', 1509-20', 1525', 1530-31', 1542', 1574-80', 1655-57', 1663-64', 1675-84', 1699-1704', 1709', and 1728-29' w/1 SPF (55 holes).
3. Acidize San Andres perfs 1219-1729' overall with 7500 gallons 15% NEFE HCL.
4. Install injection assembly, perform mechanical integrity test, and place well on injection.

RECEIVED
JUL 16 1997

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

SIGNATURE Sharon Hindman TITLE Production Assistant DATE 7/14/97

TYPE OR PRINT NAME Sharon Hindman TELEPHONE NO. 915 686-3505

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR TITLE DATE JUL 17 1997

CONDITIONS OF APPROVAL, IF ANY: