Submit 3 Copies To Appropriate District Office

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

DISTRICT II
811 South First, 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

2040 South Pacheco
Santa Fe, NM 87505

dist N

Form C-103
Revised March 25, 1999

WELL API NO. 30 015 03471

5. Indicate Type of Lease Federal 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: Y.D. Federal

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

8. Well No. 3

2. Name of Operator Kersey & Hanson

9. Pool name or Wildcat Turkey Tract

3. Address of Operator P.O. Box 1248 Fredericksburg Tx 78624

4. Well Location

Unit letter K : 2310 feet from the North line and 1980 feet from the West line

Section 28 Township 18S Range 29E NMPM Eddy County

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

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 ☐	MULTIPLE COMPLETION ☐	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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. Clean out well bore to T.D. (2045')
2. Run packer with 2 3/8 tubing
3. Pump 1000 gal. 15% HCL acid into perf. @ 2008-2018
4. Run pump and return to production

RECEIVED
OCD - ARTESIA

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

SIGNATURE Kenneth R Wade TITLE manager DATE 01-10-01

Type or print name Kenneth R Wade Telephone No. 997-7519

(This space for State use)

APPROVED BY Record Only TITLE DATE

Conditions of approval, if any: