

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.
30-015-21182

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

Rogers "10" Com.

8. Well No.

1

9. Pool name or Wildcat
Atoka Penn. (Morrow)

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER ☐
2. Name of Operator
Barbara Fasken
3. Address of Operator
303 W. Wall Ave., Suite 1900, Midland, Texas 79701-5116
4. Well Location

Unit Letter I : 1650 Feet From The South Line and 660 Feet From The East Line

Section 10 Township 18-S Range 26-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3344' KB.

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: Stimulate ☒

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.

09-02-92 Thru 09-14-92

1. Acidized perms 8851' - 8922' with 750 gals. 7 1/2% Morflow BC acid via coiled tbg.

2. Cleaned well up and returned to production.

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

SIGNATURE C. Lynn Smith TITLE Engineering Assistant DATE 09-23-92
(915) 687-1777
TYPE OR PRINT NAME C. Lynn Smith TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY DATE

CONDITIONS OF APPROVAL, IF ANY:

OCT 2 1992