

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.	30-015-25791
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	N/A
7. Lease Name or Unit Agreement Name	ATOKA SAN ANDRES UNIT
8. Well No.	160
9. Pool name or Wildcat	ATOKA SAN ANDRES

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator PENNZOIL EXPLORATION & PRODUCTION COMPANY	
3. Address of Operator P O BOX 50090 MIDLAND TEXAS 79710-0090	
4. Well Location Unit Letter <u>D</u> : <u>550</u> Feet From The <u>NORTH</u> Line and <u>500</u> Feet From The <u>WEST</u> Line Section <u>13</u> Township <u>18S</u> Range <u>26E</u> NMPM <u>EDDY</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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: ☐

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.

MIRU. POH W/PUMP & RODS. NU BOP.

RIH W/4" PERF GUNS. PERF'D BETWEEN 1500' - 04', 1624 - 25', 1630', 1704 - 06', 1711 - 12', 1746'  
2 JHPF (28 HOLES).

ACIDIZED PERFS 1500 - 1746', W/5500 GALS 15% NEFE HCL ACID.

LAYED DOWN 2 7/8" WS. TIH w/2 3/8" PROD. TBG.

RIH W/PUMP & RODS. PLACED WELL ON PROD.

WELL PROD. 14 BO, 8BW.

RECEIVED

NOV 01 1995

OIL CON. DIV.  
FAC. 2

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 11/30/95  
TYPE OR PRINT NAME Sharon Hindman TELEPHONE NO. 915 686-3505

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM

APPROVED BY DISTRICT V SUPERVISOR TITLE \_\_\_\_\_ DATE DEC 7 1995

CONDITIONS OF APPROVAL, IF ANY: