Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, . . . erals and Natural Resources Department

Form C-103 Revised 1-1-89 clsp

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088/ECEIVED 30-015-26964 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease JUN - ± 1992 STATELY FEE 🗔 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. O. C. D. SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Culwin Unit 1. Type of Well: #14-0800018772 WELL | weil X OTHER Name of Operator 8. Well No. B & A Operating Company 20 9. Pool name or Wildcat 3. Address of Operator P.O. Box 136, Lovington, N.M. 88260 Shugart, Yates, On, 7R, Gbg. 4. Well Location Unit Letter P: 1035 Feet From The East Line and 1268 Feet From The South Line 18S 30E 36 NMPM Township Range County Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3533.7 KDB-10' Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: **REMEDIAL WORK ALTERING CASING** PERFORM REMEDIAL WORK PLUG AND ABANDON PLUG AND ABANDONMENT **CHANGE PLANS** COMMENCE DRILLING OPNS. **TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: Completion, New Well 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. Perforate $5\frac{1}{2}$ " casing at 3100'-3151' with 50 holes (1 per ft.). 4/4/92: Acidize perfs with 1500 gals NE/FE. Hydro Frac with 42000 gals KCL W carrying 90000# 20-40 sand at 10 B/M at 1600 PSI. 4/6/92: Pumping back load. Trace oil. Some gas

I hereby certify that the inform	nation above is true and complete to the best of my knowle	dge and belief. ππεManager/Operations	DATE 05-29-92
TYPE OR FRINT NAME	D.R. Bell		TELEITIONE NO. 396-3062
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS		JUN 3 1992
CONDITIONS OF AFTROVAL.	SUPERVISOR, DISTRICT IT	— TITLE ————————————————————————————————————	DATE