Submit 3 Copies to Appropriate District Office

DISTRICT II

State of New Mexico Energy, Minerals and Natural Resources Department

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Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD, Artesia, NM 88210

OI

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.		
30-015-29790	_	
5. Indicate Type of Lesse		

DISTRICTIII 1000 Rio Brazos Rd., Aziec, NM 87410	STATE FEE &	
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	
Type of Well: OIL GAS WELL X WELL OTHER	ATOKA SAN ANDRES UNIT	
Name of Operator PENNZOIL EXPLORATION & PRODUCTION COMPANY	8. Well No. 163	
PO BOX 50090 MIDLAND TEXAS 79710-0090	9. Pool name or Wildcat ATOKA SAN ANDRES	
Well Location Unit Letter $\frac{N}{N}: \frac{1064}{1000}$ Feet From The $\frac{SOUTH}{N}$ Line and $\frac{164}{1000}$	49 Feet From The WEST Line	
Section 11 Township 18-S Range 26-E	NMPM EDDY County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	

TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONM	IENT 🗌
PULL OR ALTER CASING		 CASING TEST AND CEMENT JO		
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OTHER:		OTHER: New Well		

work) SEE RULE 1103.

OCD RECEIVED ARTESIX

Spud 12 ¼" hole on 10/19/97. Run 8 5/8" 24# K-55 csg. @ 1031'. Cmt. w/100 sxs Cl H, 300 sxs 35/65 Poz, 250 sxs Cl C. Ran 40 jts. 5.5", K-55 15.5# csg. Cmtd w/350 sxs Cl C. Perforated 1643, 1645, 1646, 1647, 1648, 1649, 1651, 1653, 1656, 1661, 1679, 1681, 1682, 1683, & 1685 w/1 JHPF (15 holes). Pmpd 2000 gals 15% NeFe HCL acid dropping 30 balls, 2 balls every 2 bbls. TIH w/new 2 3/8" J-55 tbg. EOT @ 1731.22'. Set pmp jack – tied in elec. Tied well to frac tank. Placed well on production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Majon Windman me Production Assistant	DATE 2/09/98
TYPEOR PRINT NAME Sharon Hindman	915 686-3505 TELEPHONE NO.
(This space for State Use)	
SUPERVISOR, DISTRICT II	3-12-98

CONDITIONS OF APPROVAL, IF ANY: