

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.	30-015-02222
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	OG-272

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 East Millman Pool Unit Tract 5
1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐ Temporarily Abandoned	8. Well No. 4	
2. Name of Operator Stephens & Johnson Operating Co.	9. Pool name or Wildcat Millman; QN-GB-SA, East	
3. Address of Operator P O Box 2249, Wichita Falls, TX 76307-2249		
4. Well Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line Section 12 Township 19S Range 28E NMPM Eddy County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3422 DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☒	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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.

1. Perforate Lower Grayburg one shot each at the following depths: 2333, 2341, 2343, 2363, 2373, 2410, 2425, 2431, 2449, 2451, 2453, 2467, 2469, 2471, 2476, 2483.
2. Acidize and sand fracture perforations with 1500 gals 15% NEFE and 40,000 gallons gelled water and 100,000 lbs. sand.
3. Return well to production.

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

SIGNATURE William M. Kincaid TITLE Petroleum Engineer DATE 8-16-96

TYPE OR PRINT NAME William M. Kincaid TELEPHONE NO. (817) 723-216

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE AUG 28 1996

CONDITIONS OF APPROVAL, IF ANY: