

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 87501-2088

30-015-21817

SEP 30 1993

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

L-4757

7. Lease Name or Unit Agreement Name

Howell State Com.

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

Barbara Fasken

8. Well No.

1

3. Address of Operator

303 W. Wall, Suite 1900, Midland, TX 79701

9. Pool name or Wildcat

Cemetery (Morrow)

4. Well Location

Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line

Section 32 Township 20-S Range 25-E NMPM Eddy County

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

3677.5' GR

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.

TD 9900' PBTD 9740'

Morrow Perfs 9422-32', 9502-08', 9512-17', 9641-52'

Packer @ 9203'

Propose to:

1. Kill well. Install BOP. Unseat packer & POW.
2. RIW w/redressed packer and TOSSD to $\pm 9465'$.
3. Acidize Morrow perfs 9502'-9652' w/2000 gals. 7½% NEFE acid.
4. Unseat packer. Pull up and reset packer to $\pm 9340'$.
5. Swab back load and acid water. Return to production.

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

SIGNATURE Carl W. Brown TITLE Petroleum Engineer DATE 9-29-93

TYPE OR PRINT NAME Carl W. Brown TELEPHONE NO. 915-687-1777

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE OCT 19 1993

CONDITIONS OF APPROVAL, IF ANY: