Submit 3 Copies to Appropriate District Office

State of New Mexico Ener Ainerals and Natural Resources Department

| Form C-1 | 03 |
|------------|------|
| Revised 1- | 1-89 |

DISTRICT I

CONDITIONS OF APPROVAL, IP ANY:

OIL CONSERVATION DIVISION

| Form C-103 | |
|----------------|--|
| Revised 1-1-89 | |

| P.O. BOX 1980, HODDE, NM 88240 | P.O. BOX 200 | | 30-015-26250 | |
|--|---|--------------------------------|--|-----------|
| DISTRICT II P.O. Drawer DD, Artesia, NM 882 | Santa Fe. New Mexico | | 5. Indicate Type of Lease | |
| ISTRICT III | 7410 | FEB 2 5 1991 | | FEE X |
| OO Rio Brazos Rd., Aztec, NM 8 | | | 6. State Oil & Gas Lease No. | |
| SUNDRY | NOTICES AND REPORTS ON WEL | O. C. D. | | |
| DO NOT USE THIS FORM FC | OR PROPOSALS TO DRILL OR TO DEEPEN RESERVOIR. USE "APPLICATION FOR PE | OH PLUG BACK TO A | 7. Lease Name or Unit Agreement Name | ****** |
| (FC | ORM C-101) FOR SUCH PROPOSALS.) | r nyn r | | |
| Type of Well: Oft GAS | L OTHER | | Foster FF Com | |
| WELL X WELL Name of Operator | L OTHER | | O W-HAT- | |
| ATES PETROLEUM CO | RPORATION | | 8. Well No. 2 | |
| Address of Operator | | | 9. Pool name or Wildcat | |
| Control of the Contro | Artesia, NM 88210 | | North Dagger Draw Upper | Penn |
| Well Location I. | 1855 South | 660 | Feet From The West | T ima |
| Unit Letter: _ | 1855 Feet From The South | Line and 660 | Peet From The West | Line |
| Section | | | NMPM Eddy | County |
| | 10. Elevation (Show whether | | | |
| | | 605' GR | <u> </u> | |
| | eck Appropriate Box to Indicate | | _ | |
| NOTICE OF | FINTENTION TO: | SUB | SEQUENT REPORT OF: | _ |
| FORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING | |
| APORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLING | OPNS. DE PLUG AND ABANDON | IMENT . |
| | | | | |
| LL OR ALTER CASING | | CASING TEST AND CEMENT JOB | | |
| H ER : <u>Perforate addi</u> | tonal Canyon, treat X | OTHER: | | LJ |
| 2. Describe Proposed or Complete work) SEE RULE 1103. | d Operations (Clearly state all pertinent details, a | nd give pertinent dates, inclu | ding estimated date of starting any proposed | |
| Treat perforation | rate additional Canyon as : ns 7806-16' w/3500 gals 20 1s 20% HCL acid. Swab to | % HCL acid. Tre | eat existing perforations | |
| 7772 W/13000 ga. | 15 20% HGL actu. Swab to | est well. Retul | in to production. | |
| | | | | |
| | | • | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| hereby certify that the information ab | ove is true and complete to the best of my knowledge as | | | |
| SIGNATURE LANGE | a Doudlew 1 | ma Production S | Supervisor DATE 2-22- | 91 |
| , I. | uanita Goodlett | | TELEPHONE NO. 50 |)5/748-14 |
| TYPE OR PRINT NAME JI | Janita Goodiett | | IELETRAGIO. J | 27110 1 |
| (This space for State Use) | ORIGINAL SIGNED BY | | | a: |
| | MIKE WILLIAMS | | FEB 2 | 2 1991 |
| APPROVED BY | SUPERVISOR, DISTRICT IS 1 | TILE | DATE | |