

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 87504-2088

WELL API NO.

3001527191

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

NM E-2943

7. Lease Name or Unit Agreement Name

Continental State "A"

8. Well No.

11

9. Pool name or Wildcat

Turkey Track 7R, Qn, GB, SA

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.)

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

Anadarko Petroleum Corporation

3. Address of Operator

PO Box 130, Artesia, N. M. 88211-0130

4. Well Location

Unit Letter O : 330 Feet From The South Line and 1980 Feet From The East Line

Section 10

Township 19S

Range 29E

NMPM

Eddy

County

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

3366' 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.

1. MIRUPU. TOH with rods and tubing.
2. Set RBP above existing Queen perfs.
3. Perforate 7 Rivers pay zone from 1577-1662'.
4. Acidize and fracture treat.
5. Pull RBP and return to pump with both zones open.

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

SIGNATURE

*Mike Braswell*

TITLE Field Foreman

DATE 4-2-94

TYPE OR PRINT NAME

Mike Braswell

TELEPHONE NO. 677-2411

(This space for State Use)

SUPERVISOR, DISTRICT II

APR 8 1994

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: