

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

RECEIVED

FEB 18 1993

Form C-103  
Revised 1-1-89

CLSF  
DP

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.

30015 22468

3. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

STATE "18" COM

8. Well No.

1

9. Pool name or Wildcat

MILLMAN S. STRAWN

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

NATIONAL ENERGY GROUP

3. Address of Operator

4925 GREENVILLE AVE STE 1400 DALLAS, TX

4. Well Location

Unit Letter K : 1810 Feet From The SOUTH Line and 1980 Feet From The WEST Line

Section

18

Township

19 S

Range

28 E

NMMPM

EDDY

County

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

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. Set CIBP @ 9600' ; dump 2 SX cmt
2. Perforate interval 9062- 8838'
3. Acidize interval w/ 5000 gals. 15% NEFE
4. Swab test ; evaluate.

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

SIGNATURE

Tom Stratton

TITLE

OPERATIONS MGR

DATE

2-16-93

TYPE OR PRINT NAME

TOM STRATTON

TELEPHONE NO.

817-549-48

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

FEB 22 1993

CONDITIONS OF APPROVAL, IF ANY:

