

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.

3001522468

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

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, INC.

3. Address of Operator

4925 GREENVILLE AVE. #1400 DALLAS, TX 75206

4. Well Location

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

Section 18

Township 19S

Range 28E

NMPM

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: RECOMPLETION TO BONE SPRINGS ☒

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.

Ran and set CIBP at 8100'. Dump 2 sxs cement on plug. Perforate for squeeze at 7810'. Acidize squeeze perfs with 500 gal. 15% HCL. Squeeze with 125 sxs cement. Drill out and test squeeze to 1000#. Perforate 7858-73 2 JSPF, 180° phasing. Acidize with 12 bbls 15% NEF, 1000 gal 15%, 2000 gal gelled 15%. Swab and test. Treat with 12000 gal 15% gelled acid with balls. Put well to production on rod pump.

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

SIGNATURE

THOMAS A RUBIS

TITLE

PRODUCTION MANAGER

DATE 9/3/93

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

11-29-93

CONDITIONS OF APPROVAL, IF ANY: