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Submit 3 Copies To Appropriate District Office				Form C-103		
District I 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and Nan	Revised March 25, 1999 WELL API NO.				
District II 811 South First, Artesia, NM 8 <b>\$</b> 210				<u>30-015-30026</u> 5. Indicate Type of Lease		
District III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco Santa Fe, NM 87505		STATE FEE			
District IV Salita FC, INIVI 87505			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 Water Injector			7. Lease Name or Unit Agreement Name: Parkway Delaware Unit			
Oil Well Gas Well 2. Name of Operator	8. Well No. PDI	J #205				
St. Mary Land & Exploration Co. c/o Nance Petroleum Corp 3. Address of Operator			9. Pool name or Wildcat			
P. 0. Box 7168 - Bill 4. Well Location	Parkway Delaware					
Unit Letter <u>H</u> :	1330 feet from the Nor	th line and	180'feet from	the East	line	
Section 35 Township 19S Range 29E NMPM County Eddy						
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3:351' KB						
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
	TENTION TO: PLUG AND ABANDON 🗀	SUB REMEDIAL WORI	SEQUENT REP	ORT OF: ALTERING CASING	G 🗔	
	CHANGE PLANS		LLING OPNS. 🗖	PLUG AND		
PULL OR ALTER CASING	MULTIPLE	CASING TEST AN CEMENT JOB		ABANDONMENT		
OTHER:	. 🗆	OTHER:				
<ul> <li>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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.</li> <li>12/1-3/00 RU. Lay down injection equipment. PU workstring and make B &amp; S run.</li> <li>12/8/00 Frac existing perfs (4254-4364') with 18,920 gal. gel and 43460# 20/40 sand ramped 1-8 ppg. Avg rate = 14.1 BPM, avg P = 930#, ISIP = 911#. Flowed back til dead.</li> <li>12/10-13/00 Swab until gel broke. Cleaned out sand to PBTD. Rerun injection equipment. Inhibited backside &amp; performed MIT. Leakoff was slightly more than allowed but OCD witness gave OK to RTI and retest after gas &amp; temp effects stabilize.</li> <li>12/18/00 Retest MIT - passed.</li> <li>01/01/01 Before rate 0 BWPD @ 1100 psi, after 600 BWPD @ 800 psi.</li> </ul>						
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE Herbert 7	Lackman TITLE_	Operations [		_ <b>DATE</b> 01/0	<del></del>	
Type or print name Herb That	ckeray		Teleph	one No. (406)24	<u>5-6</u> 248	
(This space for State use) APPPROVED BY KELOY Conditions of approval, if any:	donly / TITLE_			DATE /-/8-0	1	
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## WELLBORE DIAGRAM PARKWAY DELAWARE UNIT #205



TD: 4400'