

Submit 3 Copies  
to Appropriate  
District Office

File		
BLM		
Land Office		
B of M		
Operator		

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

NOV 22 '89

C. C. D.

WELL API NO.  
30-015-26179

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
V-1981

7. Lease Name or Unit Agreement Name

MYRTLE MYRA

8. Well No.  
#1

9. Pool name or Wildcat  
WILDCAT - DELAWARE

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  
RAY WESTALL

3. Address of Operator  
PO BOX 4 LOCO HILLS, NM 88255

4. Well Location  
Unit Letter C : 990 Feet From The NORTH Line and 2310 Feet From The WEST Line  
Section 16 Township 21S Range 27E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3240 GR 3250 KB

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: PERF, ACID, FRAC ☐

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.

11-09-89 Rig up C.U. Pressure test Casing to 1000# held 30min.

Ran Atlas CBL/CCL, Top cmt above 400'

Perforate w/ 11 shots 4973-5002 ISPF

Acid w/ 1500 gal 15% SRA

11-11-89 Frac Perfs w/ 20,000 gal 40# gel + 10,000 gal CO<sub>2</sub>

32,500# 20/40 sd 15,000# 12/20 sd

11-12-89 Flow Well Back

11-13-89 Swabbing 2-3% Oil with show of Gas

11-16-89 Shut well in waiting on further evaluation

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

SIGNATURE Linda J. Jaeger TITLE Production Clerk DATE 11-21-89

TYPE OR PRINT NAME Linda J. Jaeger TELEPHONE NO. (505) 677-2370

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS

SUPERVISOR, DISTRICT I

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

DEC - 7 1989