## State of New Mexico **Submit 3 Copies** Form C-103 y, Minerals and Natural Resources Departme. to Appropriate District Office Revised 1-1-89 DISTRICT OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 RECEIVED DISTRICT II 3.0-015-26626 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 STATE X MIG 29:94 FEE 6. State Oil & Gas Lease No. K-4474 O. C. D SUNDRY NOTICES AND REPORTS ON WELLS SUNDRY NOTICES AND REPORTS ON WELLS OFFICE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) i. Type of Well: Salomeh WELL Y OTHER 2. Name of Operator 8. Well No. Corinne B. Grace 3. Address of Operator 9. Pool name or Wildcat P.O. Box 1418, Carlsbad, N.M. 88221-1418 Cabin Lake Delaware 4. Well Location Unit Letter M: 330 Feet From The South 330 West Feet From The Line Township 21S 30E Eddy Range **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3249.6' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMEN **PULL OR ALTER CASING** CASING TEST AND CEMENT JOR OTHER: 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. 8/5/91 Rig up Schlumberger. Perforated 5818'-5828' with 22 holes and perforated 5460'-5468' with 18 holes. 8/7/91 Acidize perfs 5818'-5828' with 1000 gals NEFE acid plus additives and 20 ball sealers. Halliburton fraced perfs 5818-5828' via tubing with 12000 gals CO2 8/9/91 foam carrying 9000 lbs. 20/40 Ottawa sand and 6000 lbs. 12/20 Super L/C resin coated sand. and complete to the best of my knowledge and belief. Accountant SKINATURE . 9/6/91 TYPE OR PRINT NAME (This space for State Use)

APPROVED BY-

SUPERVISOR, DISTRICT !!