| NO. OF COPIES RECEIVED                                                                                                                                                               |                                 |                                                                                   | Form C-103                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------|----------------------------------|
| DISTRIBUTION                                                                                                                                                                         |                                 |                                                                                   | Supersedes Old                   |
| SANTA FE /                                                                                                                                                                           | NEW MEXICO                      | OIL CONSER TA TECH COMMISSION D                                                   | C-102 and C-103 Effective 1-1-65 |
| FILE /                                                                                                                                                                               | 7                               |                                                                                   |                                  |
| U.S.G.S.                                                                                                                                                                             |                                 | AUG 31 1977                                                                       | 5a. Indicate Type of Lease       |
| LAND OFFICE                                                                                                                                                                          | 1                               | AUG 3 ! 13"                                                                       | State X Fee                      |
| OPERATOR /                                                                                                                                                                           | 1-1                             |                                                                                   | 5. State Oil & Gas Lease No.     |
| <u> </u>                                                                                                                                                                             | <del></del>                     | a. c. c.                                                                          | T732                             |
| SUD                                                                                                                                                                                  | INDRY NOTICES AND REI           | PORTS ON WELLS PEN OR PLUG BACK TO A DIFFERENT RESERVOIR101) FOR SUCH PROPOSALS.) |                                  |
| (DO NOT USE THIS FORM FO                                                                                                                                                             | DR PROPOSALS TO DRILL OR TO DEE | PEN OR PLUG BACK TO A DIFFERENT RESERVOIR.<br>-101) FOR SUCH PROPOSALS.)          |                                  |
| 1.                                                                                                                                                                                   | _                               |                                                                                   | 7. Unit Agreement Name           |
| OIL GAS WELL X                                                                                                                                                                       | OTHER-                          |                                                                                   |                                  |
| 2. Name of Operator                                                                                                                                                                  |                                 |                                                                                   | 8. Farm or Lease Name            |
| J.M. Huber Corpo                                                                                                                                                                     | ration '                        |                                                                                   | Sorenson                         |
| 3. Address of Operator                                                                                                                                                               |                                 |                                                                                   | 9. Well No.                      |
| 1900 Wilco Building, Midland, Texas 79701                                                                                                                                            |                                 |                                                                                   | 1                                |
| 4. Location of Well                                                                                                                                                                  |                                 |                                                                                   | 10. Field and Pool, or Wildcat   |
| UNIT LETTER G                                                                                                                                                                        | Wildcat Delaware                |                                                                                   |                                  |
| UNIT LETTER                                                                                                                                                                          |                                 |                                                                                   |                                  |
| East Inc.                                                                                                                                                                            | SECTION 14 TOWNS                | HIP 23S RANGE 26E NMP                                                             |                                  |
|                                                                                                                                                                                      |                                 |                                                                                   |                                  |
|                                                                                                                                                                                      | 15, Elevation (S                | Show whether DF, RT, GR, etc.)                                                    | 12. County                       |
|                                                                                                                                                                                      |                                 | 3292.7' GL                                                                        | Eddy                             |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data                                                                                                         |                                 |                                                                                   |                                  |
|                                                                                                                                                                                      | OF INTENTION TO:                |                                                                                   | NT REPORT OF:                    |
|                                                                                                                                                                                      |                                 |                                                                                   |                                  |
| PERFORM REMEDIAL WORK                                                                                                                                                                | PLUG AND .                      | ABANDON REMEDIAL WORK                                                             | ALTERING CASING                  |
| TEMPORARILY ABANDON                                                                                                                                                                  |                                 | COMMENCE DRILLING OPNS.                                                           | PLUG AND ABANDONMENT             |
| PULL OR ALTER CASING                                                                                                                                                                 | CHANGE PL                       | ANS CASING TEST AND CEMENT JOB                                                    |                                  |
|                                                                                                                                                                                      |                                 | OTHER                                                                             |                                  |
| OTHER                                                                                                                                                                                |                                 |                                                                                   | •                                |
|                                                                                                                                                                                      |                                 |                                                                                   |                                  |
| 17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703. |                                 |                                                                                   |                                  |
| 1) MIRU service rig and install BOP,                                                                                                                                                 |                                 |                                                                                   |                                  |
| 2) Unseat Guiberson Unipacker No. 6 at 2461'. Lower and reset at 2600'.                                                                                                              |                                 |                                                                                   |                                  |
| 3) Swab to clean up well,                                                                                                                                                            |                                 |                                                                                   |                                  |
| 4) Frac well as follows:                                                                                                                                                             |                                 |                                                                                   |                                  |
| A) Precede frac treatment w/1000 gals. 7½% acid mix. Pump 4 bbls.,                                                                                                                   |                                 |                                                                                   |                                  |
| then 1 ball/½ bbl. Use 1000 SCF N2/bbl. acid mix. Total 40 ball                                                                                                                      |                                 |                                                                                   |                                  |
| sealers,                                                                                                                                                                             |                                 |                                                                                   |                                  |
| B) Flow back acid,                                                                                                                                                                   |                                 |                                                                                   |                                  |
|                                                                                                                                                                                      |                                 | t of 20,500 gals. foam co                                                         | ntaining 15,750 lbs.             |
| 20-40 sand,                                                                                                                                                                          |                                 |                                                                                   |                                  |
| D) Leave well shut in 1 hour. Flow back to clean up frac.                                                                                                                            |                                 |                                                                                   |                                  |
| 5) Swab if necessary; then place well on production.                                                                                                                                 |                                 |                                                                                   |                                  |
|                                                                                                                                                                                      |                                 |                                                                                   |                                  |
|                                                                                                                                                                                      |                                 |                                                                                   |                                  |
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|                                                                                                                                                                                      |                                 |                                                                                   |                                  |
|                                                                                                                                                                                      |                                 | •                                                                                 |                                  |
| 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.                                                                         |                                 |                                                                                   |                                  |
| 1/1/1                                                                                                                                                                                | 112                             |                                                                                   |                                  |
| Colet I S                                                                                                                                                                            | The                             | TITLE Dist. Prod. Manager                                                         | DATE August 30, 197              |
| SIGNED ROBERT G. SEL                                                                                                                                                                 | ziej                            |                                                                                   |                                  |
|                                                                                                                                                                                      |                                 |                                                                                   |                                  |
| 1). a. s                                                                                                                                                                             | Dusset                          | SUPERVISOR, DISTRICT I                                                            | SEP 1 1977_                      |