

Submit 3 Copies
to Appropriate
District Office

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

WELL API NO.

30-015-22545

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

L-490

7. Lease Name or Unit Agreement Name

Mobil 21 State

8. Well No.

2

9. Pool name or Wildcat

South Carlsbad Morrow

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.)

RECEIVED

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

Texas Independent Exploration, Inc.

AUG 15 '94

3. Address of Operator

1600 Smith, Suite 3800 Houston, TX 77002

C. C. D.

ARTESIA, OFFICE

4. Well Location

Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line

Section 21 Township 23S Range 27E NMPM Eddy County

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

3162.4 GL

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: Plug back, perf, acidize & test ☒
Atoka Zone

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

Proposed Procedure:

1. MIRU, NU BOP.
2. GIH W/CS-1 squeeze packer. Set @ 4965'
3. Squeeze perms 5586-5602' w/50 sks C1 "H" followed w/ 100 sx C1 "H" Neat.
4. GIH & perf Atoka Zones 11,600', 11,444', 11,360', 11,309 & 11, 204'.
5. Acidize tested zones.

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

SIGNATURE

TITLE

Engineer

DATE

8/11/94

TYPE OR PRINT NAME

David M. Madden

TELEPHONE NO. 751-0419

(This space for State Use)

SUPERVISOR, DISTRICT II

OCT 5 1994

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: