

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-015-22932

5. Indicate Type of Lease
STATE ☐ FEE ☒

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

2. Name of Operator
Dinero Operating Company

3. Address of Operator
P. O. Drawer 10505, Midland, Texas 79702

4. Well Location
Unit Letter N : 1980 Feet From The West Line and 660 Feet From The South Line
Section 15 Township 22 South Range 28 East NMPM Eddy County

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

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: ☐

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.

We would like to go in and set a CIBP at 11,710' with two sacks of cement on top of plug; come up hole to Atoka and perforate zones 11,672-66; 11,658-56'; 11,632-28'; 11,622-18'; 11,614-10'; 11,570-64'; 11,516-08'; and 11,442-36', acidize this zone with 10,000 gallons and swab test zones. Come up hole set R.B.P. at 11,350', perforate zones 11,266-54'; 11,242-36'; 11,228-24'; 11,221-19', acidize this with 5,000 gallons acid and swab test zone.

We will perforate these zones with two shots per foot.

We would like to start this work around February 20, 1994.

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

SIGNATURE Charlie Williams TITLE Production Superintendent DATE 2/3/94

TYPE OR PRINT NAME Charlie Williams TELEPHONE NO. 915/684-5544

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE 2-10-94

CONDITIONS OF APPROVAL, IF ANY: