

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

CISF  
Op +

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

SEP 28 '89

O. C. D.

ARTESIA, OFFICE

WELL API NO.

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Pardue Farms 26 ~~RT 26~~

8. Well No.

3

9. Pool name or Wildcat

East Loving (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

Parker & Parsley Petroleum Company

3. Address of Operator

P. O. Box 3178, Midland, Texas 79702

4. Well Location

Unit Letter F : 2080 Feet From The North Line and 1980 Feet From The West Line

Section 26 Township 23S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3017' GR

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: Recomplete in Brushy Canyon ☒

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.

Cont'd

9-16-89

Frac as follows:

Fluid	Vol.	Rate	Press
Prepad scale inhibitor	57	15	1800
Prepad scale inhibitor	96	32	3300
Pad 40 ppt x-link	438	8-51	4600-3800
40 ppt x-link gel w/2 ppg 16/30 SD	141	51-52	3500-3000
40 ppt x-link gel w/2 ppg 16/30 SD	63	52-53	2700
30 ppt x-link gel w/4 ppg 16/30 SD	208	53	2700-1800
30 ppt x-link gel w/6 ppg 16/30 SD	223	53	1300
30 ppt x-link gel w/9 ppg 16/30 SD	206	53-24-53	1800-2400
30 ppt x-link gel w/8 ppg 12/20 SD	64	53	2300
Flush slick wtr 20 ppt gel	96	53	2200

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

SIGNATURE J. Michael Reeves TITLE Dist. Operations Manager DATE 9-26-89

TYPE OR PRINT NAME J. Michael Reeves TELEPHONE NO. 915 683-4768

(This space for State Use)

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

CONDITIONS OF APPROVAL, IF ANY:

OCT 6 1989