

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 201
SANTA FE, NEW MEXICO 87501

MAY 27 1983

O. C. D.

Form C-103
Revised 10-1

5a. Indicate Type of Lease
State ☐ Fee ☒
5. 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. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator DINERO OPERATING COMPANY	8. Farm or Lease Name VASQUEZ COMM.
3. Address of Operator P. O. DRAWER 10505, MIDLAND, TEXAS 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>C</u> <u>1980</u> FEET FROM THE <u>West</u> LINE AND <u>660</u> FEET FROM THE <u>North</u> LINE, SECTION <u>10</u> TOWNSHIP <u>24-S</u> RANGE <u>28-E</u> N.M.P.M.	10. Field and Pool, or Wildcat Malaga Atoka
15. Elevation (Show whether DF, RT, GR, etc.) 3001.9 G.L.	12. County EDDY

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

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 ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER <u>Open additional zones in Atoka form.</u> ☒	CASING TEST AND CEMENT JOBS ☐	

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 1503.

1. Fish lost tubing conveyed casing gun out of hole.
2. Squeeze present zone (11,567-11,576') with 150 sacks Class H. cement.
3. Drill out-squeeze 2nd. extended plug back T.D. to 11,730'.
4. Perforate with 1 JSPF at 11,721'-19-18-17-16-15-11, 11,695'-94'-80-79-78, 11,654-11,646', and 11,576'-11,567' (30 holes). Acidize if necessary. Evaluate zone.
5. Set retrievable bridge plug at 11,535'. Perforate with 1JSPF at 11,478-77-76-75-74-73-70-66-65-64-63, 11,405-11,398', and 11,320-11,311'. (29 holes). Acidize if necessary. Evaluate zones.

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

SIGNED Leslie A. Clements TITLE Production Supervisor DATE 5/20/83

APPROVED BY _____ TITLE Supervisor District II DATE MAY 31 1983

CONDITIONS OF APPROVAL, IF ANY: