

Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89
c15 F+
Op

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. _____

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 PERMITTED RECEIVED (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
Pardue Farms 27

8. Well No.
6

9. Pool name or Wildcat
East Loving (Delaware)

1. Type of Well:
OIL WELL GAS WELL OTHER JAN 10 '90

2. Name of Operator
Parker & Parsley Petroleum Company

3. Address of Operator
P. O. Box 3178, Midland, Texas
O. C. D. ARTESIA, OFFICE

4. Well Location
Unit Letter N : 1874 Feet From The West Line and 766 Feet From The South Line
Section 27 Township 23S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3060 GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: Recomplete in Brushy Canyon <input checked="" type="checkbox"/>

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.

12-16-89 Cont'd sd as follows:

Vol	Fluid	Rate	Press
1000 gals	15% HCL NeFe	3.5	0
4000 gals	25 ppt GWX-9 w/110 gal GSI-1	3.5	0
2500 gals	40 ppt GWX-9 Pad	14.0	100 psi
18,000 gals	40 ppt GWX-9 Pad	49.5	3100 psi
6,000 gals	40 ppt GWX-9 Pad w/2 ppg 16-30 sd.	50.0	2900 psi
7,500 gals	30 ppt GWX-9 Pad w/4 ppg 16-30 sd.	St. 50.0 End 50.5	2700 psi 2200 psi

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 1-8-90

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

(This space for State Use) ORIGINAL SIGNED BY
MIKE WILLIAMS
APPROVED BY SUPERVISOR, DISTRICT I TITLE _____ DATE JAN 1 1990

CONDITIONS OF APPROVAL, IF ANY: