

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.
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Pardue Farms 27 Pt. 6
8. Well No. 6
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 RECEIVED (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	JAN 10 '90
2. Name of Operator Parker & Parsley Petroleum Company	O. C. D.
3. Address of Operator P. O. Box 3178, Midland, Texas 79702	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 ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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.

12-16-89 Cont'd	7500 gal	30 ppt GWX-9 Pad w/6	St. 51.0	1900 psi
		ppg 16-30 sd.	End 51.0	1700 psi
	6500 gal	30 ppt GWX-9 Pad w/8	St. 50.5	1700 psi
		ppg 16-30 sd.	End 50.5	1500 psi
	2000 gal	30 ppt GWX-9 Pad w/8		
		ppg 12-20 sd.	50.0	1400 psi
	4150 gal	30 ppt GWX-9 Flush	50.0	2100 psi
	ISIP: 800 psi			
	5" SIP 800 psi			
	10" SIP: 750 psi			
	15" SIP: 700 psi			
	1400 BLWTR			
12-17-89	SDOS			

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
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 15 1990