

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.
30-015-26069

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
Union Oil Company of California

3. Address of Operator
P.O. Box 671 - Midland, Texas 79702

4. Well Location
Unit Letter B : 660 Feet From The north Line and 1780 Feet From The east Line
Section 4 Township 22-S Range 27-E NMPM Eddy County

7. Lease Name or Unit Agreement Name
Wersell "A"

8. Well No.
2

9. Pool name or Wildcat
Esperanza Delaware

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3116' 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: Frac job & run. + bg. ☒

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.

SPA @ 4511', FRAC'D DELAWARE PERFS 4553-58' W/6100 GAL VERSAL GEL 1300 W/167# KCL, 30 J-20, 1 GAL AQUA-FLOW 1 GAL CL-3, 2-1/2# CL-2, 20 AQUA SEAL, 1# B-11 PER 1000 GAL & 2500# 20/40 SD & 3800# 10/20# SD. TREATED @ 8 BPM @ 1840-1350 PSI. ISIP 800 (15) 600 PSI. TLTR 145 BLW. SHUT WELL IN. SDON.

11-5: R&L 144 JTS (4507') 2-7/8" 6.5# J-55 EUE 8RD NEW SMLS TBG @ 4555' W/SN @ 4529' & TAC @ 4340' IN 12,000# TENSION. RD & MO DD PU. TLTR 0 BBL. TEMP OFF REPORT.

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

SIGNATURE Bobby Bryan TITLE Dir. Supt. DATE 11-7-89

TYPE OR PRINT NAME Bobby Bryan TELEPHONE NO. (915) 682-9731

(This space for State Use)

ORIGINAL SIGNED BY

APPROVED BY _____ TITLE _____ DATE NOV 20 1989

CONDITIONS OF APPROVAL, IF ANY: