

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

CONFIDENTIAL

WELL API NO.

30-015-26284

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

South Culebra Bluff "23"

8. Well No.

3

9. Pool name or Wildcat

E. 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

MAR 14 '90

2. Name of Operator

RB Operating Company ✓

C. C. D.
ARTESIA, OFFICE

3. Address of Operator

2412 N. Grandview, Suite 201, Odessa, Tx. 79761

4. Well Location

Unit Letter M : 510 Feet From The South Line and 660 Feet From The West Line

Section 23 Township 23-S Range 28-E NMPM Eddy County

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

3022.0 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 ☐

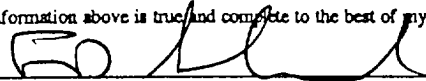
OTHER: Perforations & Stimulation ☒

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.

- 1.) Perforate Lower Brushy Canyon (Delaware) 6174-6232 w/ 44 holes.
- 2.) Acidize internal 6174-6232 w/1000 gal. 10% Hcl + 66 ball sealers.
- 3.) Fracture internal 6174-6232 w/18500 gal gel + 33,000# 20/40 sand.
- 4.) Flow back load and run potential test.

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

SIGNATURE



TITLE Area Manager

DATE 3/13/90

(915)

TYPE OR PRINT NAME

F.D. Schoch

TELEPHONE NO. 362-6302

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR 26 1990