

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

OIL CONSERVATION DIVISION
P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

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

RECEIVED

FEB 21 1991

O. C. D.
ARTESIA, OFFICE

WELL API NO.
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Reid
8. Well No. 2
9. Pool name or Wildcat E. Loving (Delaware)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 2993.6 KB

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator RB Operating Company	
3. Address of Operator 2412 N. Grandview, Suite 201, Odessa, Texas 79761	
4. Well Location Unit Letter P : 888 Feet From The South Line and 925 Feet From The East Line Section 14 Township 23S Range 28E NMPM Eddy County	

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: Completion ☐

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.

2/11/91 Drilling DV tool @4130' and tested to 1500#. C.O. to 6290'. Ran CBL 6288-4000'.
Perforated Delaware 6144-54, 6184-88, & 6260-68.
2/12/91 Acidized w/1100 gal. 10% NeFe. Frac w/7600 gal. Gel water w/38,900# 16/30 sand.
2/13/91 Testing.

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

SIGNATURE James L. Shatzsall TITLE Sr. Prod. Engr. DATE 2/18/91
(915)
TYPE OR PRINT NAME James L. Shatzsall 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:

MAY 16 1991