

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Enr 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

DEC 16 '96

WELL API NO.

30 015 28905

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)

7. Lease Name or Unit Agreement Name

Todd "2" State

1. Type of Well:

OIL

WELL ☒

GAS

WELL ☐

OTHER

2. Name of Operator

Sonat Exploration Co. - Midland

8. Well No.

4

3. Address of Operator

110 W. Louisiana, Suite 500, Midland, Texas 79701

9. Pool name or Wildcat

Ingle Wells (Delaware)

4. Well Location

Unit Letter I : 1980 Feet From The south Line and 660 Feet From The east Line

Section 2 Township 24 S Range 31 E NMPM Eddy County

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

3505' GL

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 Add perforations in Delaware ☒

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) Perf: 7004'-7010' (6', 3 holes, 1 shot every 2')
7062'-7080' (18', 36 holes, 2 JSPF)

2) Acidize with 1,000 gals 7-1/2% NEFE acid.

3) Sand frac with ^{26,000}~~10,000~~ gals XL gel and 51,520 lbs. sand.

4) Place well back on production with Basal Prushy Canyon.

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

SIGNATURE K. Glenn Carter

TITLE Drlg Supt.
Sr. Drlg & Prod. Engineer

DATE 12/12/96

TYPE OR PRINT NAME Glenn Carter

915/684-0405

TELEPHONE NO

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

DEC 24 1996

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL IF ANY