Submit 3 Copies to Appropriate District Office

1. Type of Well: OIL WELL

2. Name of Operator

3. Address of Operator

Section

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

work) SEE RULE 1103.

4. Well Location

11.

OTHER:

State of New Mexico

Form C-103

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

Energy, Minerals and Natural Resources Department Revised 1-1-89 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 30-045-22232 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease STATE X FEE L 6. State Oil & Gas Lease No. E6597-2 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Mandana State Com. 8. Well No. Hixon Development Company 9. Pool name or Wildcat P.O. Box 2810, Farmington, New Mexico NIPP-PC : 790 Feet From The North Line and ___1850 West Line Feet From The 12W 25N **NMPM** San Juan Range Township County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6272' GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMEN' CASING TEST AND CEMENT JOB OTHER: Acidizing 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed Acidized perforations (1202' - 1210' and 1212' - 1218') with 500 gallons 15% HCL acid. Returned to production mue Petroleum Engineer DATE May 16.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIONATURE Delventhal MAB TYPE OR PRINT NAME

TITLE

(This space for State Use)

Original Signed by FRANK T. CHAVEZ

SURERYISUR DISTAILS #3

CONDITIONS OF APPROVAL, IF ANY: