

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

WELL API NO.

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
THOMPSON ENGR. & PROD. CORP. 037581

3. Address of Operator
7415 E. Main Farmington, N.M. 87402 505 327-4892

7. Lease Name or Unit Agreement Name

Blancett

8. Well No.
2R

9. Pool name or Wildcat
Aztec Pictured Cliffs

4. Well Location
Unit Letter P : 790 Feet From The South Line and 830 Feet From The East Line
Section 13 Township 30N Range 12W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5536' KB

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: See Below ☒

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.

SEE ATTACHED FOR FRACTURE TREATMENT.

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

SIGNATURE Paul C. Thompson TITLE Paul C. Thompson, President DATE 11/13/95

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY Johnny Robinson TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3 DATE NOV 14 1995
CONDITIONS OF APPROVAL, IF ANY:

FRACTURE TREATMENT

Location Pictured Cliffs Stage No. 1 Date 11/4/95

Operator THOMPSON ENGR. & PROD. CORP. Lease and Well Blancett #2R

Correlation Log Type CBL GR/CCL From 1946 To 1000

Temporary Bridge Plug Type _____ Set At _____

Perforations 1804-1807'; 1814-1822'; 1830-1835'; 1838-1852'
1 Per foot type .032" Total 34 holes

Pad 15,000 gallons. Additives See below with
70% N₂ Foam

Water _____ gallons. Additives _____

Sand 100,000 lbs. Size 20/40 at 1-4 ppg

Flush _____ gallons. Additives _____
Total Fluid - 383 bbls. All fluid contained 20#/1000 gal.
linear gel, foamer, bactericide, ph buffer and enzyme breaker

Breakdown 1720 psig

Ave. Treating Pressure 1500 psig

Max. Treating Pressure 1750 psig

Ave. Injecton Rate 30 BPM

Hydraulic Horsepower _____ HHP

Instantaneous SIP 1200 psig

5 Minute SIP 1122 psig

10 Minute SIP 1100 psig

15 Minute SIP 1085 psig

Ball Drops: NONE Balls at _____ gallons _____ psig
 _____ Balls at _____ gallons _____ psig
 _____ Balls at _____ gallons _____ psig
 _____ Balls at _____ gallons _____ psig

Remarks: _____

Walsh ENGINEERING & PRODUCTION CORP.

