	ie's /
Submit 3 Copies To Appropriate District  Office  State of New Mex	(IV)
Office <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II OIL CONSERVATION	DIVISION 30-005-63352
51 South First, Ariesia, NM 66210  1220 South St. Francis Dr.	
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87	505 STATE STATE FEE  6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM  LG - 1459	
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FO	R SUCH
PROPOSALS.) 1. Type of Well:	Railroad State
Oil Well Gas Well X Other	
2. Name of Operator	8. Well No.
Pecos River Operating, Inc.  3. Address of Operator	9. Pool name or Wildcat
550 W. Texas Suite 720, Midland, Texas 79701	Wildcat
4. Well Location	
Unit Letter M: 660 feet from the South	line and 660 feet from the West line
Section 2 Township 8-S Ra	nge 26-E NMPM County Chaves
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3796 GL	
11. Check Appropriate Box to Indicate Na	ature of Notice, Report or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ☐ ALTERING CASING ☐
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND  CEMENT JOB
OTHER: OTHER: Completion KX	
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. For Multiple Completions: Attach wellbore diagram of proposed completion	
or recompilation.	
4-18-01 Test 4 1/2" csg to 1000 psi	
4-20-01 Perforate Ordovician 5670-77 & 5690-96' (15 shots). Acidize w/ 1700 gal. 20% HCl. Flow back load & gas ARO 2500 MCFD. FTP 1500 psi.	
4-21-01 Testing 1300 MCFD. FTP - 1800 psi.	
4-26-01 4-27-01 Potential well. Flowing 3001 MCFD, 8 BCPD, FTP - 1570 psi	
4-27-01 Potential well. Flowing 3001 MCFD, 81BCPD, FTP - 1570 psi  RECEIVED  OCD - ARTESIA	
	<b>T</b> 30
	RECEIVED OCD - ARTESIA
	OUD - ARTESIA A
	No. of the second secon
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE / DATE 5-11-01	
Type or print name W#11iam R. Huck	Telephone No. 915-620-84
(This space for State use)	
APPPROVED BY TIM W. CLIFFE DATAY 2 0 2001	
Conditions of approval, if any:	