

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

JUN 8 '90

WELL API NO. 30-015-23341
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-2627
7. Lease Name or Unit Agreement Name Mosley Spring "32", State COM
8. Well No. 2
9. Pool name or Wildcat Und. Dark Canyon-Penn Gas
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,840.4' 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator Great Western Drilling Company	
3. Address of Operator P.O. Box 1659, Midland, TX 79702	
4. Well Location Unit Letter N : 660 Feet From The South Line and 2,030 Feet From The West Line Section 32 Township 23-S Range 25-E NMPM Eddy County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,840.4' KB	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

STIMULATION: Strawn "B" Perforations 9,566' - 9,588' (23 holes).

05/31/90: Acidized w/500 gals. 15% HCL plus 3,000 gals. 20% SXE, with 500 gals. 15% HCL and 20-7/8" RCN ball sealers. Flushed with 2% KCL water, nitrified w/1,000 SCF N2 per barrel. Treated at avg. rate 2.5 BPM @ avg. pressure 2,600 psi - max. press. 5,780 psi. ISDP 1,580 psi, 5 Min. 830 psi, 10 Min. 780 psi & 15 Min. 750 psi. Load to recover: 122 bbls.. Left well closed in for 2 hrs.. Opened well, flowed 23 bbls. water & died. Made 5 runs w/swab - well kicked off. Flowed & cleaned up well. Placed well back on production on 18/64" choke with FTP 825 psi - gas rate 1,200 MCFD.

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

SIGNATURE M.B. Myers TITLE Ass't. to Gen. Supt. DATE 6/6/90
(915)
TYPE OR PRINT NAME M.B. Myers TELEPHONE NO. 682-5241

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 15 1990