

Submit 3 Copies
to Appropriate
District Office

OIL CONSERVATION DIVISION
RECEIVED

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.

OC - 3931

7. Lease Name or Unit Agreement Name

LEA "KN" STATE

8. Well No.

2

9. Pool name or Wildcat

MIDWAY ABO

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

LUTHER MCNEELY

3. Address of Operator

310 WEST ILLINOIS AVE. MIDLAND, TEXAS 79701

4. Well Location

Unit Letter B A : 990' Feet From The north Line and 1650' Feet From The east Line

Section 17 Township 17 Range 37 NMPM LEA County

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

3783 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: ☐

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.

8-28-90 MI RAM WS, PICKUP 2 3/8" tubing and TIH, tag CIBP + CMT AT 8710'
test to 500 PSI for 30 min. OK

8-29-90 Perf Bone Spring at 7971 - 7991 w/ 2 SPF, 40 holes, acidize w/
1000 gal. 15% NEFE, Swab w/ fair show oil

8-30-90 Re acidize BS w/ 4500 gals. 20% NEFE and ball sealers
Swab tested from 9-1-90 to 9-11-90 tested non commercial
SI for evaluation

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

SIGNATURE

TITLE agent

DATE 3-5-91

TYPE OR PRINT NAME

MICHAEL L. PIERCE

TELEPHONE NO. 392-1915

(This space for State Use)

APPROVED BY

TITLE

Geologist

DATE

MAR 08 1991

CONDITIONS OF APPROVAL, IF ANY: