

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. 30-025-37572
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name EK Penrose Sand Unit
8. Well Number 701
9. OGRID Number 20497
10. Pool name or Wildcat EK-Yates-SR-Queen

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 - Water Injection

2. Name of Operator  
Seely Oil Company

3. Address of Operator  
815 W. 10<sup>th</sup> Street, Fort Worth, TX 76102

4. Well Location  
 Unit Letter D: 740 feet from the North line and 330 feet from the West line  
 Section 30 - Township 18S - Range 34E NMPM Lea County, New Mexico

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

FEB 24 2014

RECEIVED

12. 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  MULTIPLE COMPL   
 DOWNHOLE COMMINGLE   
 CLOSED-LOOP SYSTEM   
 OTHER:

SUBSEQUENT REPORT OF:

- REMEDIAL WORK  ALTERING CASING   
 COMMENCE DRILLING OPNS.  P AND A   
 CASING/CEMENT JOB   
 OTHER:

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For multiple completions, include a separate description for each completion or recompletion.

- MI & RU CU. TOH w/rods & tbg.
- Reperforate from 4698-4700 & 4703-4706 w/4 spf
- TIH w/tbg & pkr.
- Spot xylene across perforations overnight
- Set pkr and acidize perfection w/750 gals 7 1/2 % NEFE
- Fracture treat w/10,000 gallons gelled KCL w/27,000 lbs sand and N2 assist.
- Recover load and test injectivity.
- TOH w/ pkr & tbg.
- TIH w/ Salta lined tbg & pl pkr.
- Run MIT test for NMOCD
- Return well to injection.

CONDITION OF APPROVAL: Operator shall give the OCD District Office 24 hour notice before running the MIT test and chart.

**Per Underground Injection Control Program Manual**  
**11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole.**

Spud Date:

[Empty box for Spud Date]

Rig Release Date:

[Empty box for Rig Release Date]

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

SIGNATURE David L. Henderson

TITLE President

DATE 2/21/2014

Type or print name David L. Henderson E-mail address: [dhenderson@seelyoil.com](mailto:dhenderson@seelyoil.com) PHONE: (817) 332-1377

**For State Use Only**

APPROVED BY: Mary Brown  
 Conditions of Approval (if any):

TITLE Compliance Officer

DATE 2/26/2014

FEB 27 2014