

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

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-025-25696
2. Name of Operator STEPHENS & JOHNSON OPERATING CO.		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator P O BOX 2249, WICHITA FALLS, TX 76307		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>D</u> : <u>1155</u> feet from the <u>N</u> line and <u>1000</u> feet from the <u>W</u> line Section <u>33</u> Township <u>21S</u> Range <u>37E</u> NMPM LEA County		7. Lease Name or Unit Agreement Name E O CARSON (PREV - CDU 422)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3465 GR		8. Well Number <u>29</u> 9. OGRID Number 019958
10. Pool name or Wildcat TUBB OIL AND GAS (OIL) <input checked="" type="checkbox"/>		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: PLUG BACK WELL AND RENAME <input checked="" type="checkbox"/>	
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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: Attach wellbore diagram of proposed completion or recompletion.

12/20/17 Run CBL with CNL from 6236'-surface.
 01/15/18 Run bit and tbg to 5935', pressure test csg and wellhead to 2500 psi. TOOH w/tbg.
 01/17/18 Perf Tubb @ 6020-6210' w/2 spf, acidized with 5000 gals.
 01/31/18 Frac Tubb zone w/1400 sx 20/40 sd in 2054 bbls gelled water. Clean up well and run rods and insert pump.
 02/15/18 Set pumping unit, laid flowlines, start producing well.

Spud Date: 1/8/78 Rig Release Date: 2/5/18

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

SIGNATURE Bob Gilmore TITLE ENGINEER DATE 3/21/18

Type or print name BOB GILMORE E-mail address: bgilmore@sjoc.net PHONE: 940-723-2166

For State Use Only

APPROVED BY: Saren Sharp TITLE Staff Mgr DATE 3-27-18
 Conditions of Approval (if any):