

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

HOBBS OCD

OIL CONSERVATION DIVISION

SEP 19 2018

1220 South St. Francis Dr.
 Santa Fe, NM 87505

RECEIVED

| | | |
|---|--|---|
| 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 G-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. 30-025-28780 |
| 2. Name of Operator Seely Oil Company | | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 3. Address of Operator 815 W. 10 th Street, Fort Worth, TX 76102 | | 6. State Oil & Gas Lease No. |
| 4. Well Location Unit Letter N : 990 feet from the South line and 1650 feet from the West line Section 7 Township 18S Range 34E NMPM Eddy County, New Mexico | | 7. Lease Name or Unit Agreement Name Lea XA State |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4085.3 | | 8. Well Number 4 |
| | | 9. OGRID Number 20497 |
| | | 10. Pool name or Wildcat Mescalero Escarpe: Bone Spring |

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: Return to production <input type="checkbox"/> | |
|--|--|---|--|

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.

9/6/18 MI & RU CU. TOH w/ rods, pump & tbg. Located tbg. leak 1 jt above SN. Sent pump in for repairs.
 9/7/18 TIH w/ rds & 279 jtd tbg, SN, MA & perf sub. Tbg set @ 8772' RKB. TIH w/ 1 1/2" pump and rods. Space out and hang on. RD & MO CU. 27 1/8"
 9/8/18 Not pumped up yet.
 9/9/18 Pumped 1 BO & 3 BW. Gas estimated @ 9 mcfpd. (sold)
 9/10/18 Pumped 1 BO & 3 BW.

Spud Date:

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 09/19/18
 Type or print name David L. Henderson E-mail address: dhenderson@seelyoil.com PHONE: (817) 332-1377
For State Use Only
 APPROVED BY Karen Sharp TITLE Staff Mgr DATE 9-19-18
 Conditions of Approval (if any):

MB