

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. 30-025-37175	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name DENTON NORTH WOLFCAMP UNIT	
8. Well Number 635	
9. OGRID Number 019958	
10. Pool name or Wildcat DENTON WOLFCAMP	
4. Well Location Unit Letter G :1505 feet from the NORTH line and 2120 feet from the EAST line Section 35 Township 14S Range 37E NMPM LEA County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3808' GR	

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: Recomplete to different reservoir and change well name. <input checked="" 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.

4/23/19 LD one jt of tbg, RU wireline, set CIBP @ 11,960' w/20' cmt on top, set additional CIBP @ 9,600' w/20' cmt on top, run CBL from 9596-4200', TOC @ 4580', perforate Wolfcamp formation @ 9182-9216', 9232-9242' w/4spf. Acidize 9182-9242' w/5000 gals 20% acid. Swab test well.

5/07/19 Set pumping unit. Run pump and rods. Hook up electricity. POP

6/17/19 Repair tbg leak in well. POP

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 Bob Gilmore TITLE _____ VICE PRES. _____ DATE 7/8/19
 Type or print name BOB GILMORE E-mail address: bgilmore@sjoc.net PHONE: 940-723-2166

For State Use Only
 APPROVED BY: Karen Sharpe TITLE Staff Mgr DATE 7-25-19
 Conditions of Approval (if any): _____

mailed 7/9/2019
 cc: file
 cc: BG