

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

WELL API NO.	30-025-31006
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. N/A	
7. Lease Name or Unit Agreement Name House	
8. Well Number	1
9. OGRID Number	3659
10. Pool name or Wildcat House; Drinkard, Abo	

11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3561 GR

Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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
Capataz Operating, Inc

3. Address of Operator PO Box 10549
Midland, TX 79702

4. Well Location
Unit Letter D : 330 feet from the North line and 330 feet from the West line
Section 13 Township 20S Range 38E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3561 GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: Completion Procedure ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

11/28/1990 Perforated Abo: 7289, 7313-14, 26, 51, 56, 72, 81, 92, 7402-04, 10, 22, 31, 33, 35, 37, 61, 64, 75, 90-91, 7514, 25, 37, 55, 65, 74, 87, 7603-04, 11-12, 29-30, 37, 49, 76-77' w/2 JSPF, 80 shots.
11/30/1990 Acidized Abo w/3500 gals NeFe acid.
12/01/1990 Re-acidized w/53,000 gals 20% Cross-link HCl, 6000 gals 15% HCl & 180 tons CO2.
12/28/1990 Set RBP @ 7144.
12/29/1990 Perforated Drinkard: 6927-29, 41-42, 44, 51-52, 54, 56-58, 65, 68-69, 73, 76-77, 81-83, 87-91, 7005, 16-19' w/1 JSPF, 31 holes.
12/29/1990 Acidized Drinkard w/2000 gals 15% HCl acid and 122,000 SCFN2.
12/30/1990 Completed and producing from the Drinkard.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE _____ TITLE Agent DATE 07/26/2006

Type or print name H Scott Davis
For State Use Only

E-mail address: Capataz1@sbcglobal.net Telephone No. (432)620-8820

OC FIELD REPRESENTATIVE II/STAFF MANAGER

APPROVED BY: _____ TITLE _____ DATE NOV 22 2006

Conditions of Approval (if any):