

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.
30-025-00068

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

J. H. Moore

1. Type of Well:

OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator

Rhombus Energy Company

8. Well No.

2

3. Address of Operator

200 N. Loraine, Suite 1270, Midland, TX 79701

9. Pool name or Wildcat

Moore Devonian

4. Well Location

Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line

Section 25 Township 11S Range 32E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4323' GL

11. 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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Changed Perfed Interval ☒

12. 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.

Squeezed Upper Devonian perfs 10,090-106' w/ 175 sx. Drill cement & CIBP @ 10,350'. Cleaned out to 10,600'. Acidized lower Devonian perfs 10,385-597' w. 10,000 gal 15% NEFE HCl. Swab. Put on Pump. P 74 BOPD, 315 BWPB, 0 MCFD.

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

SIGNATURE Gregory D. Cielinski TITLE President DATE 5-5-95

TYPE OR PRINT NAME Gregory D. Cielinski TELEPHONE NO. (915) 683-8873

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAY 11 1995

CONDITIONS OF APPROVAL, IF ANY:

MP