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

OIL CONSERVATION DIVISION P.O. Box 2088

VE	LL API NO.	
	35-025-01036	
5.	Indicate Type of Lease STATE XX	FEE

- DATE -

P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-208	8 - 33 023 01030	
DISTRICT III	5. Indicate Type of Lease STATE XX FEE	
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.	
	NM 211	
SUNDRY NOTICES AND REPORTS ON WELLS		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BA	ACK TO A 7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		
1. Type of Well:	State C A/C 1	
OIL GAS WELL OTHER SWD		
2. Name of Operator	8. Well No.	
Samson Resources Company	8. Well No	
. Address of Operator	9. Pool name or Wildcat SU2D	
2 West 2nd Street Tulsa, OK 74103	-Bagley Siluro-Devonian	
. Well Location	Judgies Britain Bevonium	
Unit Letter L : 1980 Feet From The South Line at	nd 660 Feet From The West Line	
100		
Section 2 Township 12S Range 33E	NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, C	GR, etc.)	
4254' DF	<i>\(\(\)</i>	
1. Check Appropriate Box to Indicate Nature of N	Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:	
ERFORM REMEDIAL WORK PLUG AND ARANDON DESCRIPTION		
PLUG AND ABANDON REMEDIAL	WORK ALTERING CASING	
EMPORARILY ABANDON CHANGE PLANS COMMENC	E DRILLING OPNS. PLUG AND ABANDONMENT	
ULL OR ALTER CASING CASING TE	CASING TEST AND CEMENT JOB	
THER: OTHER:	OTHER: Acidize X	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent work) SEE RULE 1103.	dates, including estimated date of starting any proposed	

8/22/95 Loaded annulus. Acidize OH 11,034-370 w/ 1500g 15% NEFE. Flushed w/ 73 bbl produced water. AIP 257 psi, AIR 3.9 BPM. Pre-work rate 4275 BWPD, 100psi. Post work rate 6250 BWPD, 80 psi.

I hereby certify that the informat	ion above is true and complete to the best of my	knowledge and belief.	•
SIGNATURE	Myser	Associaite Engineer	DATE
TYPE OR PRINT NAME J	effrey Ś. Ross		телерноме но. 918-583-179
(This space for State Use)	Foul Kaut		REP 8 o mang
	Geologist		

CONDITIONS OF APPROVAL, IF ANY: