

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-01037
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM 211
7. Lease Name or Unit Agreement Name State C A/C 1
8. Well No. 4
9. Pool name or Wildcat SWD Bagley Devonian

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER SWD
2. Name of Operator Samson Resources Company
3. Address of Operator 2 West 2nd Street Tulsa, OK 74103
4. Well Location Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line Section 2 Township 12S Range 33E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4237' GR

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: Acidize ☒

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.

8/22/95

Load annulus, acidize OH 11,034-370 w/ 1500g 15% NEFE. Flushed w/ 93 bbl
produced water. Avg IP 355 psi., Air 3.4 BPM. Pre-work rate 1425 BWPd,
80 psi. Post-work rate 2660 BWPd, vacuum.

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

SIGNATURE Jeffrey S. Ross TITLE Associate Engineer DATE 8/29/1995
TYPE OR PRINT NAME Jeffrey S. Ross TELEPHONE NO. 918-583-1791

(This space for State Use)

APPROVED BY Paul Kautz TITLE Geologist DATE _____
CONDITIONS OF APPROVAL, IF ANY: