

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. 30-025-23072

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Keith Crouse

8. Well No.

1

9. Pool name or Wildcat

Abo

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
American Exploration Company

3. Address of Operator 77002-2791
700 Louisiana, Suite 2100, Houston, Texas

4. Well Location
Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line
Section 25 Township 9S Range 32E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4345 DF

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: Plugback Operation ☐

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.

4/18/88 POH w/prod. equip. Set CIBP @ 8700' w/2 sx. cmt. on top.
thru Perf. the Abo 8192-8400 w/2SPF. No response to surface after
4/19/88 pumping 25 bbls. 2% KCL down tubing.
4/20/88 Swab tested well recovering load. Set pkr. up hole @ 8100.
Pumped 3836 gal. 20% NEFE acid. Flushed w/2304 gal. 2% KCL wtr.
Flwd. well on open choke recovering 83 bbls. load. No show of
oil or gas.
4/21/88 Evaluated well - SI pending P&A operations.

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

SIGNATURE Marty B. McClanahan TITLE Sr. Prod. Analyst DATE 4/16/91

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 23 1991

CONDITIONS OF APPROVAL, IF ANY: