Submit 3 Copies to Appropriate District Office

1. Type of Well: XX IIIO

4. Well Location

2. Name of Operator

3. Address of Operator

Unit Letter

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

work) SEE RULE 1103.

Ran rods and pump.

CONDITIONS OF APPROVAL, IF ANY:

OTHER:

Section

State of New Mexico Energy,nerals and Natural Resources Department

Form C-103 Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

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

WELL

660

WELL API NO. P.O. Box 2088 30-025-30700 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease STATEXX FEE | 6. State Oil & Gas Lease No. V - 1259SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Woodstock State Unit OTHER 8. Well No. MATES PETROLEUM CORPORATION 9. Pool name or Wildcat Undesignated 105 South 4th St., Artesia, NM 88210 Feet From The East South Line Feet From The Line and Lea 9S County nship 98 Range 33E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Township 4387.5' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** REMEDIAL WORK PLUG AND ABANDON PLUG AND ABANDONMENT **CHANGE PLANS** COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB OTHER: Perforate, treat Abo, Three Brothers X 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed 7-30-90. Perforated Abo 8604-8616' w/22 .42'' holes as follows: 8604, 05, 06, 07, 08, 11, 12, 13, 14, 15, and 8616' (2 SPF). Perforated Three Brothers 9105-9119' w/24 .42" holes as follows: 9105, 07, 08, 09, 10, 11, 12, 14, 16, 17, 18, and 9119' (2 SPF). Acidized perfs 9105-9119' w/3000 gals 15% NEFE acid. Acidized perfs 8604-8616' w/3000 gals 15% NEFE acid. Work completed 8-9-90. Perforations open: 8604-16'; 9105-19', 9260-9371'. mue Production Supervisor ___ DATE ____8-13-90

I hereby certify that the information above is true(and complete to the best of my knowledge and belief. SIONATURE **TELEPHONE NO.** 505/748-1471Juanita Goodlett TYPE OR PRINT NAME (This space for State Use) - TITLE -APPROVED BY --