

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

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

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

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

WELL API NO.

30 025 31059

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-2174

7. Lease Name or Unit Agreement Name

State "26"

8. Well No.

4

9. Pool name or Wildcat

Vada (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 ☐

GAS
WELL ☐

OTHER Dry Hole

2. Name of Operator

Western Reserves Oil Company Inc.

3. Address of Operator

P. O. Box 993, Midland, TX 79702

4. Well Location

Unit Letter F : 2310 Feet From The north Line and 2310 Feet From The west Line

Section 26

Township 10S

Range 33E

NMPM Lea

County

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

4197.8' 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: ☐

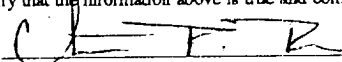
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

2-05-91: Perf San Andres 4632-4648 (17 holes). TIH W/pkr & tbq to 4564' & set pkr. Acidize w/2,200 gals 15% NEFE HCL. Swabbed well for 3 days until noon 2-08-91. Recovered 215 BBLs water W/trace of oil. Approx 2% oil cut.

2-08-91: TOH w/tbg & pkr. TIH w/2-3/8" tbq open ended. NDBOP & flange up wellhead. SI well & release well service unit. Will leave well shut in & temporarily abandoned for 90 days to evaluate for possible conversion to salt water disposal or final plug and abandonment.

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

SIGNATURE



TITLE Engineer

DATE 2-14-91

(915)

TYPE OR PRINT NAME

Christopher P. Renaud

TELEPHONE NO. 683-5533

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: