

Submit 3 Copies  
to Appropriate  
District Office

STATE OF NEW MEXICO  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

2040 Pacheco St.  
Santa Fe, NM 87505

DISTRICT II  
P.O. Drawer DD, Artesia, NM 888210

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

WELL API NO	30-025-31399
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B9950
7. Lease Name or Unit Agreement Name	
State BTA	
8. Well No.	3
9. Pool name or Wildcat	Bagley Siluro-Devonian

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input checked="" type="checkbox"/> WELL <input checked="" type="checkbox"/>	GAS <input type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	Paladin Energy Corp.
3. Address of Operator	10290 Monroe Drive, Ste 310, Dallas, Texas 75229
4 Well Location	
Unit Letter <u>G</u> : <u>1830</u> Feet From The <u>North</u> Line and <u>1980</u> Feet from The <u>East</u> Line	
Section <u>2</u>	Township <u>12S</u> Range <u>33E</u> NMPM <u>Lea</u> County
Elevation (Show whether DF, RKB, RT, GR, etc)	

Check Appropriate Box to Indicate Nature of Notice, Report, Or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRLG OPNS. ☐  
CSG TST & CMT JOB ☐  
OTHER ☐

ALTRG CSG ☐  
P&A ☐

Recomplete in Devonian ☒

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

03/27/01 thru 04/13/01

MIRU Tatum Well Service, NU BOPs. Tag PBTD @10,707. Pushed CIBP to 10,918, circ hole clean. Spotted Class H cmt from 10,927 to 10,850'. WIH w/packer & tbg, acidized open hole from 10,729-825' w/ 3000 gals of 15% HCL, 60 bbls of water flush. Swabbed back spent acid. POOH. WIH w/4" hollow carrier perforating gun, perf top of Devonian from 10,682-712'. Set packer @ 10,550' and acidized upper Devonian perms w/2500 gals 20% HCL. Swab back acid water. Ran in hole with ESP submersible pump, set intake at 9,023'. Return well to production 4/13/01.

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

SIGNATURE

Ann Westberry

TITLE

Manager, Corp. Support

DATE

05/13/02

TYPE OR PRINT NAME

214-654-0132 X4

(This space for State Use)

TELEPHONE NO.

APPROVED BY

TITLE

DATE

JUN 03 2002

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY  
PAUL F. KAUTZ  
PETROLEUM ENGINEER

SCS

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WELL API NO.

30-025-31397

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-9950

SUNDRY NOTICES AND REPORTS ON WELLS

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DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"

(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL ☒

GAS ☐  
WELL

OTHER:

2. Name of Operator

Paladin Energy Corp.

8. Well No.

3

3. Address of Operator

10290 Monroe Dr., Ste. Ste 301, Dallas, TX 75229

9. Pool name or Wildcat

E. Caprock Devonian

4 Well Location

Unit Letter G : 1830 Feet From The North Line and 1980 Feet from The East Line

Section 2 Township 12-S Range 33-E NMPM Lea County

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

4237' GR

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

Re-complete in Devonian ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTRG CSG ☐

COMMENCE DRLG OPNS. ☐

P&A ☐

CSG TST & CMT JOB ☐

OTHER ☐

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

Please see attached Procedure

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

SIGNATURE

*David Plaisance*

TITLE

Production Manager

DATE

3/22/01

214-654-0132

TYPE OR PRINT NAME

David Plaisance

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: