Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease

State ☐   Fee ☒

5. State Oil & Gas Lease No.

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.
OIL WELL ☒   GAS WELL ☐   OTHER—

7. Unit Agreement Name

NONE

2. Name of Operator

PETROLEUM RESERVE CORPORATION

8. Farm or Lease Name

WESTERN RESERVES

3. Address of Operator

4815 S. HARVARD, SUITE 305, TULSA, OK 74135

9. Well No.

1

4. Location of Well

UNIT LETTER C , 660 FEET FROM THE NORTH LINE AND 1980 FEET FROM

THE WEST LINE, SECTION 8 TOWNSHIP 9S RANGE 30E NMPM.

10. Field and Pool, or Wildcat

CATO

15. Elevation (Show whether DF, RT, GR, etc.)

4037.4

12. County

CHAVES

16.

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 ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER _____

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
☐

17. 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.

1. Spud 2:00 p.m. 4/16/76. Set 340' of 8 5/8" with 200 sacks.

2. Drilled to T.D. 3350'. Run 4½" casing to T.D. and cemented with 250 sacks. 4/21/76.

3. Perf and tested 3321-34. Tested water; squeezed to 3500 Psi. 5/30/76

4. Perf 3265-3304. Treated with 3000 gal., 20%, Acid 5/1/76. Fraced with 22,500 gal., gelled water and 22,500# Sand. 5/4/76.

5. Set Pumping Unit 5/17/76.

6. Now Testing with Pumping Unit. 5/28/76.

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

SIGNED _____ TITLE ENGINEER DATE MAY 28, 1976

Signed By

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: