

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

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. 30-025-05098
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-7169-1
7. Lease Name or Unit Agreement Name  State "E" 7169
8. Well No. 1
9. Pool name or Wildcat King Wolfcamp

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Kerr-McGee Corporation	
3. Address of Operator U.S. Onshore Region, Box 25861, Oklahoma City, OK 73125	
4. Well Location Unit Letter <u>L</u> : <u>330</u> Feet From The <u>west</u> Line and <u>1650</u> Feet From The <u>south</u> Line Section <u>36</u> Township <u>13S</u> Range <u>37E</u> NMPM <u>Lea</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3843' GR 3856' RKB</u>	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <u>Add perforations &amp; acidize</u> <input checked="" type="checkbox"/>

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.

3-31-89 Perforate additional Wolfcamp from 9512-9522'.

4-1-89 Acidize Wolfcamp perms w/6000 gals 15% HCl. Max treating pressure 5500 psi, avg 5274 psi, final 5372 psi. Max rate 7 BPM, avg rate 7 BPM. ISIP 3500 psi, 5 mins 3296 psi, 10 mins 3174 psi, 15 mins 3080 psi.

4-17-89 Well pumped 24 hrs & made: 3 BO + 19 BW

xc: I. Geddie/CFR  
CAR/WRF  
HHR

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

SIGNATURE G. Bunas TITLE Analyst II DATE 4-27-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 2 1989