

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.<br>30-025-05098  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>E-7169-1  |

|  |  |
|--|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>  | 7. Lease Name or Unit Agreement Name<br>State "E" 7169                   |
| 2. Name of Operator<br>Kerr-McGee Corporation  | 8. Well No.<br>1   |
| 3. Address of Operator<br>U.S. Onshore Region, Box 25861, Oklahoma City, OK 73125  | 9. Pool name or Wildcat<br>Wolfcamp                                      |
| 4. Well Location<br>Unit Letter L : 330 Feet From The west Line and 1650 Feet From The south Line<br>Section 36 Township 13S Range 37E NMPM Lea County   | 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3843' GR 3856' RKB |

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

Perforate additional Wolfcamp from 9512-9522'. Acidize Wolfcamp perms w/6,000 gals 15% HCl.

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 2-28-89  
TYPE OR PRINT NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

MAR 6 1989