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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease: State [X] 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.)

7. Unit Agreement Name

1. OIL WELL [X] GAS WELL [ ] OTHER-

8. Farm or Lease Name: Field-State

2. Name of Operator: D. H. Hunt

9. Well No.: #1

3. Address of Operator: 406 N. Big Spring, Midland, Texas 79701

10. Field and Pool, or Wildcat

4. Location of Well: UNIT LETTER A, 660 FEET FROM THE North LINE AND 990 FEET FROM THE East LINE, SECTION 21 TOWNSHIP 12S RANGE 38E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.): 3828' GL, 3847' KB

12. County: Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER Perforate complete in Atoka [X]		OTHER [ ]	

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.

Proposed Completion operations as follows:

1. Perforate the Atoka formation from 11,198-11,217 with 10 holes.
2. Acidize the perforated interval with 4,000 gallons 10% HCL and 25% nitrogen.
3. Swab and test the Atoka zone (11,198-11,217). If non-commerical, go to step 4.
4. Completion of upper two Atoka zones
   a) Set retreivable BP at ± 11,110.
   b) Perforate the upper Atoka section from 11,002-11,102 with 6 holes.
   c) Acidize with 2,000 gallons 10% HCL and 25% nitrogen.
   d) Swab and test this interval.

Completion procedure will start upon approval and the availability of a completion unit.

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

SIGNED Charles J. Love Charles J. Love TITLE Dist. Superintendent DATE 2-9-81

APPROVED BY _____ TITLE _____ DATE FEB 12 1981

CONDITIONS OF APPROVAL, IF ANY: