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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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. V-648	

SUNDY 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Flag-Redfern Oil Company	8. Farm or Lease Name Huber State
3. Address of Operator P.O. Box 11050 Midland, TX 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>J</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM <u>East</u> <u>33</u> <u>12-S</u> <u>35-E</u> THE <u>LINE</u> SECTION <u>TOWNSHIP</u> RANGE <u>NMPM.</u>	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) GR 4062.1	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 <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <u>Tested Mississippian</u> <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

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.

12/02/84 Acidize Mississippian (13039-13203') with 500 gals 20% MCA

12/04/84 Swabbed dry. Weak blow of gas

12/05/84 Reacidized with 5000 gals 20% MCA

12/06 to 12-08 Swabbed dry. Gas rate 20 MCFD. Shut in for evaluation.

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

SIGNED Kelly J. Sexton TITLE Engineer DATE 04-01-85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR - 3 1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR -2 1985

O.C.D.
HOBBS OFFICE