

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 02531152

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. 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. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

Pitts Energy Co.

3. Address of Operator

511 W. Ohio, #300 Midland, TX 79701

4. Well Location

Unit Letter J : 1650 Feet From The East Line and 1500 Feet From The South Line

Section 5

Township 12-S

Range 38-E

NMPM

Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3861 GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Recompletion to Wolfcamp ☒

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.

2/10/92 Set CIBP @ 11900'. Test csg to 500#. OK Run GR/CCL 9700-9200'.  
Perf 9468-76, 9534-37, 9546-47, 48, 49, 51, 52, 65, 69, 73, 74,  
76 & 77. (25 holes) Dumped 35' cmt on top of plug

2/11/92 Acidize w/3000 gal 15% HCl.

2/12/92 Run in hole with rods and pump. Hang well on, begin pumping well  
@ 3 p.m. 2/13/92

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

SIGNATURE Julie Jeffreys TITLE Operations Clerk DATE 2/17/92

TYPE OR PRINT NAME Julie Jeffreys

TELEPHONE NO. 915/682-410

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

30 APR 1 1992