Submit 3 Copies to Appropriate District Office

State of New Mexico Ener,

Form C-103 Revised 1-1-89

Minerals and Natural Resources Department

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION W

| VELL API NO. | | |
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| 30-025- | 33726 | |

| Dicamical II | | 2040 Pac | | | 30-025-3 | 33726 | |
|---|---------------------------|---|-------------|-----------------------------------|---------------------|---------------------------------------|----------|
| DISTRICT II P.O. Drawer DD, Artesi | a, NM 88210 | Santa Fe | 2, 8 | 7505 | 5. Indicate Type | of Lease | |
| DISTRICT III | NB4 97410 | | | | (5: . 6: . 6 | STATE X | FEE |
| 1000 Rio Brazos Rd., A | ZEC, NM 8/410 | | | • | 6. State Oil & C | ias Lease No. | |
| S | UNDRY NOTIC | ES AND REPORTS (| ON WEL | LS | | | |
| (DO NOT USE THIS | FFERENT RESERV | OSALS TO DRILL OR TO OIR. USE "APPLICATION D1) FOR SUCH PROPOSA | FOR PE | OR PLUG BACK TO A RMIT | 7. Lease Name | or Unit Agreement Nam | e |
| 1. Type of Well: | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | Saba | a State | |
| MET X | MEIT [| OTHER | | | | Deace | |
| 2. Name of Operator | | | | | 8. Well No. | | |
| | | Incorporated | | | | 1 | |
| 3. Address of Operator | | Cuita 202 Edm | ond C | Velahama 72012 | 9. Pool name or | 2 1 | 400+ |
| 4. Well Location | 19th Street, | , Suite 202 Edm | ona, c | Klanona /3013 | Tattum V | $\frac{\text{Wolfcamp}}{\mathcal{U}}$ | deat |
| Unit Letter | <u>I</u> : 2310 | Feet From The Sou | th | Line and 1308 | Feet Fro | om The East | Line |
| | 7 | 100 | | 36 E | | Lea | |
| Section | | томваць | | nge OCE DF, RKB, RT, GR, etc.) | NMPM | | County |
| | | 4003' GR | | | | | |
| 11. | Check Ap | opropriate Box to In | dicate l | Nature of Notice, Re | eport, or Othe | er Data | |
| NOT | TICE OF INTE | NTION TO: | | SUB | SEQUENT | REPORT OF: | |
| PERFORM REMEDIAL | WORK | PLUG AND ABANDON | | REMEDIAL WORK | x | ALTERING CASING | . |
| TEMPORARILY ABAND | NOX | CHANGE PLANS | | COMMENCE DRILLING | OPNS. | PLUG AND ABAND | ONMENT |
| PULL OR ALTER CASI | NG 🗌 | | | CASING TEST AND CE | MENT JOB | | |
| OTHER: | | | | OTHER: | | | _ |
| | | | | | | | |
| 12. Describe Proposed or work) SEE RULE 1 | Completed Operation 103. | ns (Clearly state all pertinent | desails, an | d give pertinent dates, inclu | ding estimated date | of starting any proposed | i |
| | 10 9 | | | | • | | |
| | D 1.30 | | | | | | |
| 1 | V II | | ~ ~ | Cinco Doi oburt con | MATION DAN | 125 ITO OF | |
| V/B (°) | | ER RIG TO RECOMPLETI STUNG INTO PACKER | | | | | |
| the o | | ISCO DOLOMITE FROM | | | | | |
| M. V. | 7/8" TUBING. SE | ET PACKER AT 10,592 '. | ACIDIZ | ED WITH 3,000 GALS. | 15% HCL. W | ELL KICKED | |
|) , 0 | | M. PUT THROUGH SYS | STEM AT | 2:30 PM. WELL ON A | 16/64" CHOKE | WITH FTP | |
| ν , ω | 1100 PSI. | So of | | | | | |
| , (c. ', ') | $V^{\kappa_{\gamma}}$ | 10, | | | | | |
| /;j , | Rs, | 1 L. | | | | | |
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| I hereby certify that the info | ermation above is true an | d complete to the best of my known | wledge and | | | | |
| SIGNATURE | ecz-rr | LLA | m | Engineering ' | Technician | DATE | 8 |
| TYPE OR PRINT NAME | Tracy Mills | | | (405) 340- | -3600 | TELEPHONE NO. | |
| (This space for State Use) | ODICINIAL | 01150 0116 | | | | | |
| (-/pox o o-ox) | OMIGENAL SE DISTE | GNED BY CHRIS WILL HOT I SUPERVISOR | JAMS | | | | 5 1.38 |
| APPROVED BY | | - Septembon | 711 | 12 | | Lui 🌤 | er er |

CONDITIONS OF APPROVAL, IF ANY: