

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.
30-025-33748

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.)

7. Lease Name or Unit Agreement Name

State 26

1. Type of Well:

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator

Rand Paulson Oil Company, Inc. Ogrid #159123

8. Well No.

1

3. Address of Operator

508 W. Wall, Ste. 100 Midland, TX. 79701

9. Pool name or Wildcat
Wildcat

4. Well Location

Unit Letter L : 1800 Feet From The South Line and 990 Feet From The West Line

Section 26 Township 13S Range 37E NMPM Lea County

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

3859' 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: Completion Attempts ☒

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.

Attempted completions as follows: 2-20-97 to 3-06-97

| PERFORATIONS | TREATMENT | RESULTS |
|--|--------------------------------|----------------|
| 11,878'-11,890' | 750 gals 7 1/2% FELST | Water - No Oil |
| | Set CIBP @ 11,680' + 20 cement | |
| 11,338'-358' & 11,362'-374' | 1500 gals 15% MSR | Water - No Oil |
| | Set CIBP @ 9600'+20' cement | |
| 9,560'-66'; 9,568'- 78'; 9,582'-90' | 2500 gals 15% MSR | Water - No Oil |
| Ran tracer survey. Treatment stayed in zone. Packer @ 9415'. | | |

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

SIGNATURE [Signature] TITLE Agent DATE 7-17-97

TYPE OR PRINT NAME O. H. Routh TELEPHONE NO 915-687-0323

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: