

Submit 3 Copies
to Appropriate
District Office

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I

P.O. Box 1880, Hobbs, NM 88240

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-34239
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. 22179
7. Lease Name or Unit Agreement Name PALADIN UNIT
8. Well No. 1
9. Pool name or Wildcat Mississippian

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 PALADIN ENERGY CORP.	
3. Address of Operator 10290 Monroe Dr., St. 301, Dallas, TX 75229	
4. Well Location Unit Letter <u>E</u> : <u>1550</u> Feet From The <u>North</u> Line and <u>10</u> Feet from The <u>West</u> Line Section <u>36</u> Township <u>13S</u> Range <u>37E</u> NMPM <u>Lea</u> County Elevation (Show whether DF, RKB, RT, GR, etc) <u>3845' GR</u>	

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 ☒ Test Mississippian*	

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTRQ CSG ☐
COMMENCE DRUG OPS. ☐	P&A ☐
CSG T&T & CMT JOB ☐	
OTHER ☐	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent date, including estimated date of starting any proposed work) SEE RULE 1103

Start Date Approximately 11/10/98

*possibly test the Cisco or Penn

1. MIRU service rig. NU BOPs, TOH w/tbg. RU Cardinal Wireline Service, load hole with produced water, run tracer survey.
2. TIH w/tbg, release bridge plug. TOH w/tbg and bridge plug.
3. Log open hole with gamma ray tool. TIH w/bridge plug set at 11,375'.
4. Spot 500 gallons acidic acid, TOH w/tbg.

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

Continue next page

SIGNATURE Ann Westberry TITLE Manager, Corp. Support DATE October 21, 1998

TYPE OR PRINT NAME Ann Westberry TELEPHONE NO. 214/854-0135

APPROVED BY WILLIAM SIGNED BY CHRIS WILLIAMS DATE DEC 03 1998
DISTRICT I SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY:

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Revised 1-1-88

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1000 Rio Brazos Rd., Aztec, NM 87410

WELL APT. NO.	30- 025-34238
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	22179
7. Lease Name or Unit Agreement Name	
PALADIN UNIT	
8. Well No.	1
9. Pool name or Wildcat	Mississippian

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	PALADIN ENERGY CORP.
3. Address of Operator	10290 Monroe Dr., St. 301, Dallas, TX 75228
4. Well Location	
Unit Letter <u>E</u> : <u>1550</u> Feet From The <u>North</u> Line and <u>10</u> Feet from The <u>West</u> Line	
Section <u>36</u>	Township <u>13S</u> Range <u>37E</u> NMPM <u>Lea</u> County
Elevation (Show whether DF, RKB, RT, GR, etc) <u>3845' GR</u>	

Check Appropriate Box to Indicate Nature of Notice, Report, Or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILG OPNS. ☐
PULL OR ALTER CASING ☐	CSG TST & CMT JOB ☐
OTHER <u>Test Mississippian</u> ☒	OTHER ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent date, including estimated date of starting any proposed work) SEE RULE 1103
Continue:

5. RU wireline truck, TIH w/4" hollow carrier gun, perforate from 11,270' to 11,328' with 2 SPF. TIH w/packer, SN, set packer at 11,200'.
6. RU pump truck, break down formation, establish pump in rate.
7. Pump 10,000 gals 15% HCL acid and 175 ball sealers, flush with 65 bls 2% KCL water.
8. Swab back load.

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

SIGNATURE Ann Westberry TITLE Manager, Corp. Support DATE October 21, 1998

TYPE OR PRINT NAME Ann Westberry TELEPHONE NO. 214/854-0135

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE DEC 03 1998

CONDITIONS OF APPROVAL, IF ANY:

