

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Petrus Oil Company, L. P.		8. Farm or Lease Name Swearingen "B"
3. Address of Operator 12201 Merit Drive, Suite 900 Dallas, Texas 75251-2293		9. Well No. 4
4. Location of Well UNIT LETTER <u>E</u> <u>2086</u> FEET FROM THE <u>North</u> LINE AND <u>766</u> FEET FROM THE <u>West</u> LINE, SECTION <u>20</u> TOWNSHIP <u>5S</u> RANGE <u>33E</u> NMPM.		10. Field and Pool, or Wildcat Peterson Penn Assoc.
15. Elevation (Show whether DF, RT, CR, etc.)		12. County Roosevelt

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUS AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUS AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <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.

Propose to acidize well as follows:

Pump 2000 gals of 15% HCl acid in order to increase production.

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

SIGNED <u>Suzann Jourdan</u> Suzann Jourdan	TITLE <u>Regulatory Coordinator</u>	DATE <u>04-16-87</u>
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR		
APPROVED BY _____	TITLE _____	DATE <u>APR 20 1987</u>
CONDITIONS OF APPROVAL, IF ANY:		