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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. L-4401	
7. Unit Agreement Name	
8. Farm or Lease Name Amoco State	
9. Well No. 3 ¹	
10. Field and Pool, or Wildcat North Peterson Penn.	
12. County Roosevelt	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REEFER OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Enserch Exploration, Inc.

3. Address of Operator
P. O. Box 4815, Midland, Texas 79704-4815.

4. Location of Well
UNIT LETTER E 1980 FEET FROM THE North LINE AND 660 FEET FROM
THE West LINE, SECTION 16 TOWNSHIP 4S RANGE 33E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4378' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG 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"/>	PLUG 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 <u>Open Additional Pay</u> <input checked="" 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.

Perforated nine (9) additional holes from 7841' to 7850' (size .42). Acidized formation with 3200 gallons 15% HCL acid using 13 ball sealers. Ran tubing and rods and returned well to production.

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

SIGNED H. F. Burnett TITLE Production Superintendent DATE October 9, 1981

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: