

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.<br><u>30-025-01266</u>                                                                 |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>E-1078                                                              |
| 7. Lease Name or Unit Agreement Name<br>Kemnitz Wolfcamp Unit                                       |
| 8. Well No.<br>5                                                                                    |
| 9. Pool name or Wildcat<br>Kemnitz Lower Wolfcamp                                                   |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>4163' RKB                                     |

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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 2. Name of Operator<br>Fina Oil & Chemical Company                                                                                                                                                               |
| 3. Address of Operator<br>P.O. Box 2990, Midland, TX 79702                                                                        | 4. Well Location<br>Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line<br>Section <u>24</u> Township <u>16-S</u> Range <u>33-E</u> NMPM Lea County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>4163' RKB                                                                   |                                                                                                                                                                                                                  |

|                                                                               |                                                     |
|-------------------------------------------------------------------------------|-----------------------------------------------------|
| 11. 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"/>                                | REMEDIAL WORK <input type="checkbox"/>              |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>            |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>    |
| OTHER: <input type="checkbox"/>                                               | PLUG AND ABANDONMENT <input type="checkbox"/>       |
|                                                                               | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
|                                                                               | OTHER: <input type="checkbox"/>                     |

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.

|                                           |                                                               |
|-------------------------------------------|---------------------------------------------------------------|
| 1) Set CIBP @ 10,660' & cap w/5 sx        | Data:                                                         |
| 2) Spot 10sx @ 7660'-7560'                | 5 1/2" csg set @ 10,869' top of cmt. @ 10,365' by temp. surv. |
| 3) Spot 10 sx @ 4550'-4560'               | 8 5/8" csg set @ 4541 top cmt Calc'd @ 300'                   |
| 4) Cut csg @ 4590' & pull                 | 13 3/8" csg set @ 325' circ'd to surf.                        |
| 5) Spot 30 sx @ 4590'-4490' & tag         | Perfs @ 10,711'-10,723' & 10,766'-10,780'                     |
| 6) Spot 30 sx @ 1600'-1500' (top of salt) | Top of Salt @ 1650'                                           |
| 7) Spot 30 sx @ 375'-275' & tag           |                                                               |
| 8) 10 sx Top plug                         |                                                               |

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

SIGNATURE Jon Housman TITLE Drilling Manager DATE 5/26/93

TYPE OR PRINT NAME Jon Housman TELEPHONE NO. (915) 688-0600

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUN - 4 1993

CONDITIONS OF APPROVAL, IF ANY: