

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.	30-025-01935
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	KEMNITZ WOLFCAMP UNIT
8. Well No.	14
9. Pool name or Wildcat	KEMNITZ LOWER WOLFCAMP
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4145 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:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
FINA OIL & CHEMICAL COMPANY

3. Address of Operator
P.O. BOX 2990, MIDLAND, TEXAS 79702

4. Well Location
Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line

Section 29 Township 16-S Range 34-E NMPM Lea County

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 checked="" 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) Fish rods & tbg
- 2) Cut tbg @ 7660'
- 3) Spot 150 sxs @ 7612'
- 4) Cut 5 1/2 csg @ 7376'
- 5) Spot 50 sxs @ 7423' (tag @ 7153')
- 6) Spot 100 sxs @ 4571' (tag @ 4470')
- 7) Spot 30 sxs @ 1600'
- 8) Spot 30 sxs @ 380'
- 9) Spot 10 sxs @ surf
- 10) INSTALL D.H. MARKER & CLEAR LOCATION.

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

SIGNATURE David A. Dillaha TITLE AGENT DATE 1-17-94

TYPE OR PRINT NAME DAVID A. DILLAHA TELEPHONE NO. _____

(This space for State Use)

ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II

APPROVED BY _____ TITLE _____ DATE MAR 29 1995

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 18 1994

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535