

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

| |
|---|
| WELL API NO. 30--25-02760 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name Hulda Townsend |
| 8. Well No. 1 |
| 9. Pool name or Wildcat Townsend Permo U Penn. |

| | |
|--|--|
| 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | |
| 2. Name of Operator UMC Petroleum Corporation | |
| 3. Address of Operator 410 17th Street, Suite 1400 | |
| 4. Well Location Unit Letter <u>J</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>9</u> Township <u>16S</u> Range <u>35E</u> NMPM Lea County | |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4030' | |

| | |
|---|--|
| 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: Perf upper zone <input checked="" 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.

Perforations were added to the Wolfcamp Zones at 9990' to 10,020' and 10,036' to 10,060'
Total perforated Wolfcamp zones 9990' - 10,020'
10,036' - 10,060'
10,267 - 10,282'
10,378' - 10,302'
10,402' - 10,408'
10,466' - 10,470'
10,595' - 10,645'

New perforations were acidized with 5000 gls 15% NEFE HCL Acid.

Well returned to production on June 14, 1996.

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

SIGNATURE Scott M. Webb TITLE Regulatory Coordinator DATE 7/17/96

TYPE OR PRINT NAME Scott M. Webb

TELEPHONE NO. (303) 573-4721

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: