

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-27324

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
F-6666

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
Hexagon Oil and Gas Inc.

3. Address of Operator
1800 W. T. Waggoner Bldg., 810 Houston, Ft. Worth, TX 76102

7. Lease Name or Unit Agreement Name

Hexagon NM "28" State

8. Well No. 1

9. Pool name or Wildcat
Kemnitz - Lower Wolfcamp

4. Well Location
Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line
Section 28 Township 16S Range 33E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4207.4 GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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. On 11/20/89 - Abandon Morrow (13,509 - 13,536) w/CIBP @13,300 w/2 sx. cement on top.
2. Abandon Atoka (13,038 - 13,055) w/CIBP @13,000 w/2 sx. cement on top.
3. Set 2-3/8" 4.7# tbg (N-80) w/Guiberson Uni-VI packer @10,700.
4. On 11/21/89 we perforated Lower Wolfcamp (10,758 - 10,831).
5. Acidized w/4,000 gals. 15% NEFE acid.
6. Swab tested well from 11/24/89 to 11/30/89.
7. Swab tested well from 1/27/90 to 1/30/90. SI for pumping unit installation.

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

SIGNATURE John G. Burke TITLE Vice President DATE 3/12/90

TYPE OR PRINT NAME John G. Burke

TELEPHONE NO. 817/870-1280

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE

MAR 16 1990

Majors Morrow & Atoka
Z A Tested 4/2/90
B P