

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.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-303

V-303

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 ☒ Deplete GAS WELL ☐

OTHER

2. Name of Operator

Kelly H. Baxter

3. Address of Operator

P. O. Box 11193, Midland, Texas 79702

7. Lease Name or Unit Agreement Name

Caudill State

8. Well No.

2

9. Pool name or Wildcat

Dean Permo Penn

4. Well Location

Unit Letter B : 1980 Feet From The East Line and 660 Feet From The North Line

Section 26 Township 15S Range 36E NMPM Lea County

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

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: Convert to SWD ☒

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.

10/17/89 - Perforated tubing with 4 SPF from 10,298-10,322, 10,465-10,474, 10,703-10,708, 10,717-10,728.

10/24-25/89 - Acidized well with 11,500 gal 15% NE FE acid.

10/26/89 - Set Baker Lockset Pkr. at 10,262'. Pumped packer fluid in annulus. Tested Backside to 500 psi. Backside held. Started injection.

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

SIGNATURE Kelly H. Baxter TITLE Owner DATE 2/23/90

TYPE OR PRINT NAME Kelly H. Baxter

915-682-6191
TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT I SUPERVISOR TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FEB 27 1990

B R

E

RECEIVED

FEB 26 1920

OFFICE