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LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form O-103
Revised 10-1-78

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name Kemnitz 17 St.	
9. Well No. 1	
10. Field and Pool, or Wildcat Wildcat	
12. County Lea	

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator
OGR Operating Co., Inc.
Address of Operator
1140 2 First City Center, Midland, Texas 79701

Location of Well
UNIT LETTER H 1980 FEET FROM THE North LINE AND 910 FEET FROM
THE East LINE, SECTION 17 TOWNSHIP 16S RANGE 34E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
4127.9' Gr

6. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	
		OTHER <u>Completion attempt</u> ☐	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1603.

9-26-84

Set retrievable packer on 2-7/8" tubing @ 12579'. Swabbed fluid level in tubing to 10,000'. Perforated Chester 12,764'-12,768' (5holes) using tubing gun. Acidized with 1500 gal 20% HCl @ 1/2 BPM-4500 psi to 1BPM-7250 psi. Swabbed back acid load and tested at 116 MCF gas per day rate. Pulled tubing and set CIBP on wireline @ 12,710'.

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

SIGNED Mickey Nelson TITLE Agent for OGR Operating Co., Inc. DATE 10-11-84

Eddie W. Seay

OCT 22 1984

APPROVED BY Oil & Gas Inspector

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: