

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.

30-025-29208

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

933763

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

Headington Oil Company

3. Address of Operator

7114 W. Jefferson Ave., Suite 213 - Denver, CO 80235

4. Well Location

Unit Letter J : 1650 Feet From The East Line and 4290 Feet From The South Line

Section 2

Township 16S

Range 32E

NMPM Lea

County

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

4301.9' GR

7. Lease Name or Unit Agreement Name

State Land 76

8. Well No.

5

Anderson Ranch Wolfcamp

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.

Operated Wolfcamp zones: 9796-9802', 9810-24', 9850-62', 9878-82'. Recompleted Wolfcamp in above zones for 35 BOPD → 50 MCF6PD. Prior to work well produced 5 BOPD → 10 MCF6PD from Canyon perms. @ 10, +84-494'. PBT @ 9970'.

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

SIGNATURE Alfred R. Powell TITLE District Manager DATE 10/24/94

TYPE OR PRINT NAME Alfred R. Powell TELEPHONE NO. 303-969-8280

(This space for State Use)

ORIGINAL SIGNATURE OF DISTRICT MANAGER
DISTRICT I MANAGER

OCT 28 1994

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Je

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