

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Benitos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-34034
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. VA 0964
7. Lease Name or Unit Agreement Name WARREN STATE
8. Well No. 1
9. Pool name or Wildcat So. Denton Devonian
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3759GR

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 Petroleum Development Corporation
3. Address of Operator 9720-B Candelaria NE, Albuquerque, NM 87112
4. Well Location Unit Letter P : 1295 Feet From The South Line and 880 Feet From The East Line Section 35 Township 15S Range 37E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: Deepen Open Hole in Devonian, current payzone ☒	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: Initial Open Hole Completion ☒

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) MIRUPU
- 2) Pump 50 B Prod.W Down Tbg.;50 B Prod.Water Down Csg.
- 3) T.O.H. w/Rods & Pump
- 4) T.O.H. w/160 Jts. 2 7/8" Tbg, Bull Plug, Perf.Sub, SN & Tbg Anchor
- 5) MIRU Reverse Dlg. Equip.
- 6) TIH w/4 5/8" Varrel Tooth Bit, (6)Drill Collars, 2 7/8" Tbg to 12844'.
- 7) Drill open Hole 5', Circ out Samples, continue to Drill until good porosity and/or good oil show is reached, Circulate out all cuttings
- 8) TIH w/2'7/8" Tbg & 5 1/2 pkr set @12500' +/- & Swab Test Well
- 9) Hang Well back on pump, or acidize w/500 gal. cleanup if necessary.

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

SIGNATURE Jim C. Johnson TITLE Vice-President DATE 4-28-98

TYPE OR PRINT NAME Jim C. Johnson TELEPHONE NO. 505-293-4044

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

MAY 06 1998