

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO. 30.025.20980
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E.7723
7. Lease Name or Unit Agreement Name: STATE AF
8. Well No. 3
9. Pool name or Wildcat SWD Wolfcamp

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 **SWD**

2. Name of Operator **Permco Oil Corp**

3. Address of Operator **P.O. Box 5970, Hobbs, NM 88241**

4. Well Location
Unit Letter **L** : **1980** feet from the **South** line and **990** feet from the **West** line
Section **8** Township **18S** Range **35E** NMPM **Lea** County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3963 DF

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Acidized & tested back side <input checked="" type="checkbox"/>	

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Jan. 6, 2001.

well was on reduced injectivity. Acidized w/ 600 gal. 20% NEFE acid. Loaded back side w/ 4661 of treated water. Pressured up to 360^{psi} - held O.K. for 30 min. Returned well to disposal. Injection pressure 20-50^{psi}.
Chart from Zia Transport attached. Test witnessed by Jim Evans (505) 370-2500.

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

SIGNATURE *M. Y. Merchant* TITLE *President* DATE *3/22/01*
Type or print name *M. Y. (Merch) Merchant* Telephone No. *(505) 397-3596*
(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any:

JCS

PRINTED IN U.S.A. 5

DAY

NIGHT

CALIBRATED
CHARTS
BATAVIA, N.Y.

Petrol OIL
ST. AF #3

METER NUMBER
TIME PUT ON
TIME TAKEN OFF

METER NUMBER
TIME PUT ON
TIME TAKEN OFF

BR-2221 1-6-001

8 0-1000 8

ZIA TRANSAT