Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-39

DISTRICTI

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 30-025-23173 5. Indicate Type of Lease DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 STATE 6. State Oil & Gas Lease No. 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" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) L. Type of Well: State 1-29 WELL X as WELL. OTHER 2. Name of Operator 8. Well No. 3. Address of Operator 5 9. Pool name or Wildcat Box 670 Hobbs NM 88240 4. Well Location Hobbs-Blinebry 0: 330 Feet From The South Line and 2218 _ Feet From The _ East Line Section 29 Township 18S Range 10. Elevation (Show whether DF, RKB, RT, GR, etc.) **NMPM** Lea County 3646' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPCRARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PULL OR ALTER CASING PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB OTHER: OTHER: Added perfs and acidized. 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed 09/24/89 - CIBP @ 6200', spotted 300g 15% nefe hcl (6034'-5802') Perf Blinebry 5945-51', 5992-98, 6014-30' (56H-2JPF-4"prem-120deg), disp1 spot acid, acidized (5992/6030')w/1500g-15%nefe, acidized 5918'-6030' w/4500g 15% nefe hcl. 09/25/89 Ran pump & rods. Turn well over to production.

| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | |
|----------------------------------------------------------------------------------------------------------|---------------|----------|
| SIGNATURE /// > /// · | | |
| TYPEORPRINTNAME M. E. Akins | _ DATE10/ | 04/89 |
| (This space for State Original signed by JERRY SEXTON | TELEPHONE NO. | 393-4121 |
| DISTRICT I SUPERVISOR | 007 | 0 4000 |
| CONDITIONS OF APPROVAL IF ANY: | DATE - | 6 1989 |