

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ For ☐
5. State Oil & Gas Lease No.
LG-3338

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 ☐	7. Unit Agreement Name
1. Name of Operator CASA PETROLEUM, INC.	8. Farm or Lease Name ROSE STATE
2. Address of Operator 105 NORTH SIXTH STREET ARTESIA, NEW MEXICO 88210	9. Well No. 2
3. Location of Well UNIT LETTER <u>N</u> <u>2080</u> FEET FROM THE <u>WEST</u> LINE AND <u>660</u> FEET FROM THE <u>SOUTH</u> LINE, SECTION <u>5</u> TOWNSHIP <u>18S</u> RANGE <u>34E</u> NMPM.	10. Field and Pool, or Wildcat VACUUM, GB, SA
11. Elevation (Show whether DF, RT, GR, etc.) 4066	12. County LEA

16. 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 JOBS ☐	OTHER <u>RE-PERFORATE AND TREAT WELL</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 1103.

1/3/85 PULLED PUMP AND TUBING
1/4/85 PERFORATE 4885-4910, 4960-5105 29 SHOTS TOTAL
SET B.P. AT 5120' AND PKR AT 4810'
TREATED WITH 3000 GAL 15% NEFE ACID
1/7/85 FRAC WITH 60000 GAL GEL WATER AND 80000# 10/20 SAND
80000# 20/40 SAND
1/8/85 REPLACE TUBING AND HUNG ON PUMP

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

SIGNED Jerry Sexton TITLE Secretary DATE 1/23/85
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JAN 28 1985

RECEIVED

JAN 25 1985

O.C.D.
HOBBS OFFICE