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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

|                                           |                              |
|-------------------------------------------|------------------------------|
| 5a. Indicate Type of Lease                |                              |
| State <input checked="" type="checkbox"/> | Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.              |                              |
| LG 1543                                   |                              |

## 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                       |  | 7. Unit Agreement Name                                          |
| 2. Name of Operator<br>Cities Service Oil and Gas Corporation                                                                                                                                          |  | 8. Farm or Lease Name<br>State DW                               |
| 3. Address of Operator<br>P.O. Box 1919 - Midland, Texas 79702                                                                                                                                         |  | 9. Well No.<br>9                                                |
| 4. Location of Well<br>UNIT LETTER <u>L</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM<br>THE <u>West</u> LINE, SECTION <u>12</u> TOWNSHIP <u>18S</u> RANGE <u>33E</u> NMPM. |  | 10. Field and Pool, or Wildcat (Bone Mescalero Escarpe Springs) |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br>4027' GR                                                                                                                                              |  | 12. County<br>Lea                                               |

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER Well completion data ☒

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.

T.D. 9050' Lime, Shale and Chert, PBTB 8999'. Well complete. MIRU a completion unit and CO to 8999'. Perforated the Bone Springs w/2 SPF @ 8662, 63, 71, 73, 77, 80, 94, 95, 8701, 09, 11, 17, 20 and 8721'. Total of 28 holes (0.50" dia & 14.86" pen). Ran 2-7/8" tubing and RTTS and set RTTS @ 8553'. Swabbed -0- BO + 11 BW/1 hr. Acidized Bone Springs Perfs 8662 - 8721' w/5000 gals 15% NeFe acid. Max press 5000#, min press 3500#, ATP 3750#, AIR 3.5 BPM, ISIP 3000#, 5 min SIP 2950#, 10 min SIP 2900#, 15 min SIP 2800#. 36 hr. SITP 1000#. Flowed 15 BO + 5 BLW/3 hrs. thru 24/64" choke and died. Swabbed 24 BO + -0- BW/7 hrs. Reacidized Bone Springs Perfs 8662 - 8721' w/20,000 gals 20% CRA + 30,000 gals PUR-GEL 30. Max press 6000#, min press 5100#, ATP 5550#, AIR 14 BPM, ISIP 2950#, 15 min press 2630#. Flowed -0- BO + 4 BLW/1 hr. and died. Made 3 swab runs and well KO. Flowed 20 BO + 230 BLW/11-1/2 hrs. thru 1" choke. FTP 80 - 150#. 38 hr. SITP 1100#. Flowed 20 BO + 2 BLW/1 hr. thru 1" choke. Flowed on potential test 238 BO + 43 BLW/12 hrs. thru 1" choke, Grav. 39.70, GR 450 MCFD, GOR 945, FTP 100#. Rated 24 hr. potential 476 BOPD.

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

SIGNED Elmer Stutz

TITLE Reg. Opr. Mgr. - Prod.

DATE 11-27-84

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 29 1984