

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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

5a. Indicate Type of Lease  
State ☐ Fee ☒  
5. 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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator REGENCY PETROLEUM COMPANY OF NEW MEXICO 3. Address of Operator 300 E. CARPENTER FRWY., SUITE 1445 IRVING, TX 75062 4. Location of Well UNIT LETTER 0 350 FEET FROM THE EAST LINE AND 920 FEET FROM THE SOUTH LINE, SECTION 29 TOWNSHIP 18S RANGE 39E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3586 GR	7. Unit Agreement Name 8. Farm or Lease Name DAVIS 9. Well No. #1 10. Field and Pool, or Wildcat E. HOBBS BLINEBRY 12. County LEA
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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 OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER PERFORATE, TREAT, TEST <input checked="" type="checkbox"/>

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.

PERFORATED BLINEBRY FROM 6376' TO 6418' (10 SHOTS). ACIDIZED WITH 1250 GAL. 15% REGULAR ACID. FORMATION BROKE DOWN AT 2650#. SWABBED BACK ACID WATER WITH OIL SHOW. STIMULATED WITH 2500 GAL JELLED PAD FOLLOWED BY 5000 GAL 15% REGULAR ACID, 2500 GAL JELLED PAD, AND 5000 GAL 15% REGULAR ACID. ISDP: 1800, 5 MIN - 1500 SWABBED BACK PAD AND ACID WATER WITH GOOD OIL SHOW. RIG WELL UP TO PUMP.

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

SIGNED Jerry D. Sexton TITLE President DATE 3-19-86

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAR 27 1986

CONDITIONS OF APPROVAL, IF ANY: