Submit 3 Copies to Appropriate District Office

State of New Mexico Ainerals and Natural Resources Department Energ

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

WELL API NO.	
30-025-30515	
5. Indicate Type of Lease	
STATE X	FEE 📙
6. State Oil & Gas Lease No.	

P.O. Box 2088	30-025-30515	
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	STATE XX FEE 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" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL XX WELL OTHER	Terra Exxon 23 State	
2. Name of Operator	8. Well No.	
Terra Resources, Inc. 3. Address of Operator	9. Pool name or Wildcat	
10 Desta Drive, Suite 500 West, Midland, Texas 79705	Reeves, Penn	
4. Well Location Unit Letter H: 1980 Feet From The North Line and 9	90 Feet From The <u>East</u> Line	
Section 23 Township 18S Range 35E	NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3870.3' GL		
Check Appropriate Box to Indicate Nature of Notice, NOTICE OF INTENTION TO:	Report, or Other Data BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	NG OPNS. U PLUG AND ABANDONMENT L	
PULL OR ALTER CASING CASING TEST AND	CASING TEST AND CEMENT JOB XX	
OTHER: OTHER:		
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, inc. work) SEE RULE 1103.	cluding estimated date of starting any proposed	
Perforated Wolfcamp: 1/14/89 Intervals Perforated: 10,354' - 10,356' 10,362' - 10,376'		
Acidized: 1/14/89 Acidized with 2000 gallons 7-1/2% NEFE using 60 BS at to 5200 psi when balls hit.	4800 psi, pressure increased	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. Operations	s Engineer 2/9/89	
SKINATURE C. Robert Warks my TITLE	DATE	
TYPEORPRINTNAME C. Robert Winkler III	(913) 004 – 3001 TELEPHONE NO.	
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	FEB 1 3 19	

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CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY-

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FEB 10 1989

OCD
HOBBS OFFICE