

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-30941
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Mitchell Energy Corporation		6. State Oil & Gas Lease No. V-1565
3. Address of Operator 400 W. Illinois, Ste. 1000 Midland, TX 79701		7. Lease Name or Unit Agreement Name Milky Way State
4. Well Location Unit Letter <u>I</u> : <u>1700</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>17</u> Township <u>18S</u> Range <u>35E</u> NMPM Lea County		8. Well No. 1
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3942' GR		9. Pool name or Wildcat Middle Vacuum (Delaware)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

12. 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.

11/20/90 POOH w/rods & pump. POOH w/tbg.

11/21/90 Fraced well down csg w/97,000# 20/40 sand and 39,550 gal Mini-Max IIB-30 gel.

11/22/90 Put well on production.

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

SIGNATURE James Blum TITLE Engineer DATE 11/26/90  
TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

NOV 26 1990