| •                                                                                                                                                                                                                                      | .–4                                                                                                                       |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NO. OF COPIES RECEIVED                                                                                                                                                                                                                 |                                                                                                                           | 5, 8 <b>.</b>                                                                                                                                                                                           | Form C-103                                                                                                                                                                                                                                                                    |
| DISTRIBUTION                                                                                                                                                                                                                           |                                                                                                                           | eg M∓<br>Time to the control of                                                                               | Supersedes Old                                                                                                                                                                                                                                                                |
| SANTA FE                                                                                                                                                                                                                               | NEW MEXICO OIL CONS                                                                                                       |                                                                                                                                                                                                         | C-102 and C-103 Effective 1-1-65                                                                                                                                                                                                                                              |
| FILE                                                                                                                                                                                                                                   | 28                                                                                                                        |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |
| U.S.G.S.                                                                                                                                                                                                                               | 4-4                                                                                                                       |                                                                                                                                                                                                         | 5a. Indicate Type of Lease                                                                                                                                                                                                                                                    |
| LAND OFFICE                                                                                                                                                                                                                            | <del></del>                                                                                                               |                                                                                                                                                                                                         | State Fee                                                                                                                                                                                                                                                                     |
| OPERATOR                                                                                                                                                                                                                               |                                                                                                                           |                                                                                                                                                                                                         | 5. State Oil & Gas Lease No. <b>E-8581</b>                                                                                                                                                                                                                                    |
| (DO NOT USE THIS FORM USE **)                                                                                                                                                                                                          | SUNDRY NOTICES AND REPORTS ON FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG B PPLICATION FOR PERMIT -" (FORM C-101) FOR SUC | WELLS  ACK TO A DIFFERENT RESERVOIR.  H PROPOSALS.)                                                                                                                                                     | 7. Unit Agreement Name                                                                                                                                                                                                                                                        |
| OIL GAS WELL                                                                                                                                                                                                                           | OTHER-                                                                                                                    |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |
| 2. N <b>Starf By</b> DX 011 Co                                                                                                                                                                                                         | apany                                                                                                                     |                                                                                                                                                                                                         | 8. Form or Lease Name New Mexico "EE" State                                                                                                                                                                                                                                   |
| 3. Addres of Box 1416,                                                                                                                                                                                                                 | Roswell, New Mexico                                                                                                       |                                                                                                                                                                                                         | 9. Well No.                                                                                                                                                                                                                                                                   |
| 4. Location of Well  UNIT LETTER                                                                                                                                                                                                       | 1980 North                                                                                                                | 660                                                                                                                                                                                                     | 10. Field and Pool, or Wildcat Wildcat                                                                                                                                                                                                                                        |
| East                                                                                                                                                                                                                                   | 13 175                                                                                                                    | 36E                                                                                                                                                                                                     | FROM                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                        |                                                                                                                           |                                                                                                                                                                                                         | VMPM. ()                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                        | 15. Elevation (Shaw whether                                                                                               | DF, RT, GR, etc.)                                                                                                                                                                                       | 12. County                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                        |                                                                                                                           |                                                                                                                                                                                                         | Les                                                                                                                                                                                                                                                                           |
| PULL OR ALTER CASING  OTHER                                                                                                                                                                                                            | CHANGE PLANS                                                                                                              | COMMENCE DRILLING OPNS.  CASING TEST AND CEMENT JOB  OTHER                                                                                                                                              | ompletion                                                                                                                                                                                                                                                                     |
| 7 Describe Proposed on Com-                                                                                                                                                                                                            | eted Operations (Clearly state all pertinent deta                                                                         |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |
| FFP 116#, 30 min Drilled 7 7/8" h of air to surf. emulsion of mud, and 30% salt wto MCFPD. Rec 70 m Springs Zone). Ran 4 1/2", 10.5 stage w/232 sxs 10-26-66. Cmt'd both jobs. Pres cmt by temp. sur WOC 72 hrs. Dril csg to 1500# for | led out DV tool and cement.<br>30 min. No leaks indicated.<br>ane Wells "E" Gun bullets at                                | (Abo zone)  #2: 9346-9440'. Too in 8 min. Mud in 1 l then flowed 12 bbls i PP oil 34° API gravit PP 2496#, 1 hr ISIP co CP of 9433'. DV i csg to 1500# for 30 /1047 sxs incore pos. 30 min OK. Job comp | of open 3 hrs w/strong blow hr and 20 min. Flowed heavy fluid, 50% oil, 20% emulsion by, wtr 180,000 ppm. Gas 75 3623#, 2 hr FSIP 3211#. (Bottool @ 8419'. Cmt'd first min OK. Job complete good circulation throughout plete 10-26-66. WOC. Top of 100 from 9395-8800'. Bond |
| 93/0° and 93/2°.                                                                                                                                                                                                                       |                                                                                                                           |                                                                                                                                                                                                         | (Continued)                                                                                                                                                                                                                                                                   |
| 8. I hereby certify that the info                                                                                                                                                                                                      | mation above is true and complete to the best of                                                                          | my knowledge and belief.                                                                                                                                                                                |                                                                                                                                                                                                                                                                               |
| IGNED By Branky                                                                                                                                                                                                                        | B.F.Brawley TITLE I                                                                                                       | District Engineer                                                                                                                                                                                       | 10-31-66                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                        |                                                                                                                           |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |

CONDITIONS OF APPROVAL, IF ANY:

2 1965