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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-24949

5. Indicate Type of Lease STATE ☐ 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: Record

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: Amtex Energy, Inc.

8. Well No. 5

3. Address of Operator: P. O. Box 3418, Midland, Texas 79702

9. Pool name or Wildcat: 49780, Pearl-Queen

4. Well Location
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line
Section 26 Township 19S Range 35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: Recompletion to Pearl-Queen	☒		

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.

1. Recomplete by setting CIBP at 7,899' and cap with 35' of cmt.
2. Perforate Queen from 4842-4861' with 4JSPF Predator charges (19' and 77 holes) and acidize perfs with 2,000 gal. 15% Hcl NEFE acid.
3. Fraced with 17,714 gal. of 30# x-link Borate (2% Kcl water) carrying 22,323 lbs. of 20/40 Jordan sand.
4. Run tubing, rods, & pump and place well on production test.

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

SIGNATURE William J. Savage TITLE President DATE 9/29/00

TYPE OR PRINT NAME William J. Savage TELEPHONE NO.

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY GARY WINK FIELD REP. II TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

E

28 Pearl Bone Spring