

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Carter Est. Estate
9. Well No. 1
10. Field and Pool, or Wildcat Johnson Draw (Yeso)
12. County Lea

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 <input type="checkbox"/>
2. Name of Operator Draco Energy, Inc.
3. Address of Operator P.O. Box 11404, Midland, Texas 79702
4. Location of Well UNIT LETTER <u>N</u> <u>1000</u> FEET FROM THE <u>South</u> LINE AND <u>1080</u> FEET FROM THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>17S</u> RANGE <u>39E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3636.5 Gr

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incl. ing estimated date of starting any proposed work) SEE RULE 1103.

12-29-86 Set 25 sx plug @ 8675
Set 25 sx plug 7692-7592 (5 1/2" casing set @ 7642')
12-30-86 Set CIBP @ 6640' with 20' cement on top.
Perforate 6409-16 and 6428-37
12-31-86 Acidize with 1000 gals NEFE acid. Swab test
1-5-87 Acidize with 4000 gals NEFE acid
1-8-87 Install Pumping equipment
1-10-87 Begin testing well on pump.

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

SIGNED [Signature] TITLE Vice President

DATE 3-17-87

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT 1 SUPERVISOR

TITLE

DATE MAR 19 1987

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
MAR 18 1987
OCD
HOBBS OFFICE