

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

WELL API NO. 30-025-30123
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM - 752
7. Lease Name or Unit Agreement Name Atlantic State "30"
8. Well No. 1
9. Pool name or Wildcat Double-A Abo South
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3878.6 GR

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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Autry C. Stephens
3. Address of Operator 110 N. Marienfeld, Suite 110 Midland TX 79701	4. Well Location Unit Letter B : 990 Feet From The North Line and 1655 Feet From The East Line Section 30 Township 17S Range 36E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Abo Abo Re-complete Flare <input type="checkbox"/>

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.

07/22/91 Rig Up Pulling Unit, Unset Tubing Anchor & Pull Tubing out of Hole.
07/23/91 Rig Up Wedge Wireline Co. Set CIBP @ 9100'± & Dump 5 sx cmt on top
Perf 6690-6706.
07/24/91 Run Pkr in hole & acidize w/ 2000 gals. Swab load.
07/25/91 Swab & Test.
07/26/91 Place Well on Pump.

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

SIGNATURE Jafar R. Salehi TITLE Agent for Operator DATE 07/24/91
TYPE OR PRINT NAME Jafar R. Salehi TELEPHONE NO. 915-687-1575

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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WELL LOCATION AND ACREAGE DEDICATION PLAT

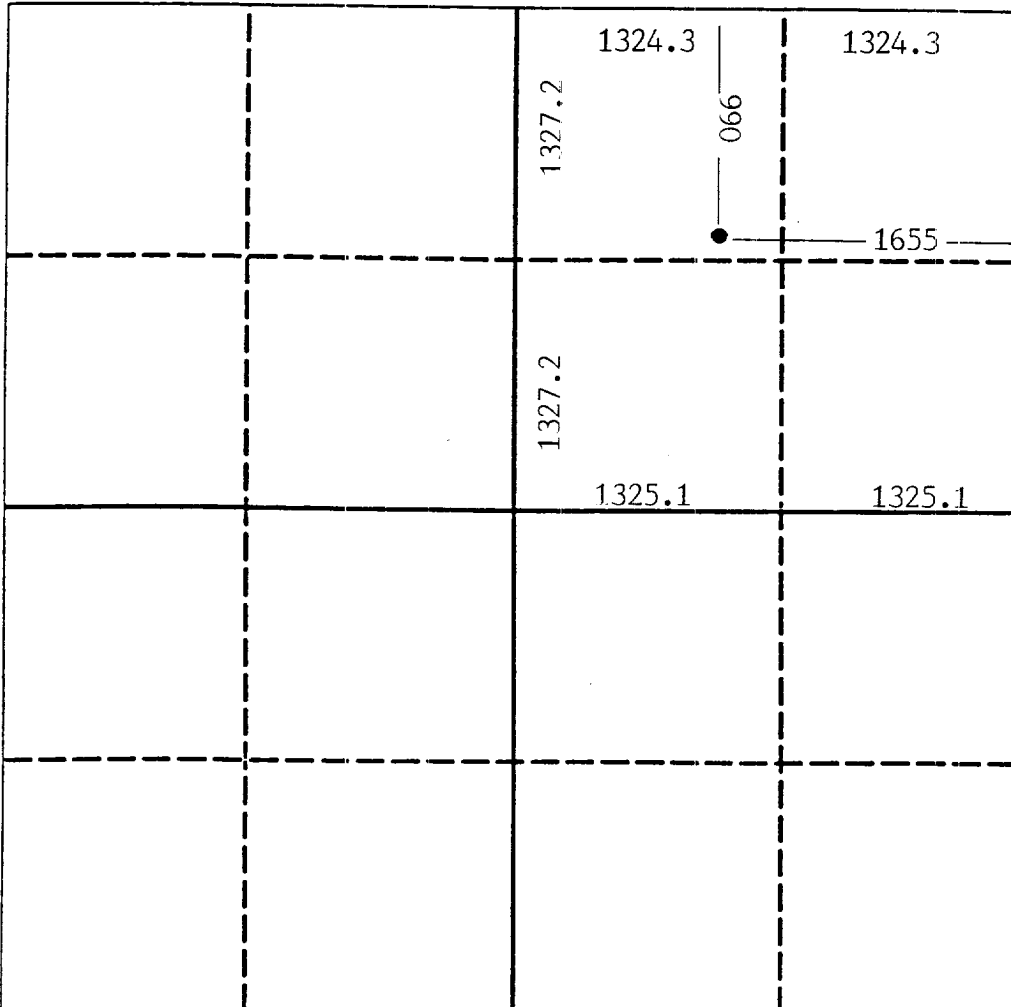
All Distances must be from the outer boundaries of the section

Operator <u>Autry C. Stephens</u>			Lease <u>Atlantic State "30"</u>		Well No. <u>1</u>
Unit Letter <u>B</u>	Section <u>30</u>	Township <u>17 South</u>	Range <u>36 East</u>	County <u>NMPM Lea</u>	

Actual Footage Location of Well:

990 feet from the <u>North</u> line and 1655 feet from the <u>East</u> line			
Ground level Elev. <u>3878.6</u>	Producing Formation <u>Glorieta</u>	Pool <u>widest Double A South</u>	Dedicated Acreage: <u>40</u> Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature Jafar R. Salehi
Printed Name Jafar R. Salehi
Position Agent for Operator
Company Autry C. Stephens
Date 07/24/91

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed _____
Signature & Seal of Professional Surveyor _____

Certificate No. _____

