Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, winerals and Natural Resources Department

Form C·103

DISTRICT I

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION WELL APLNO

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088			5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No.		
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 DISTRICT III					
				1000 Rio Brazos Rd., A	ztec, NM 87410
S	UNDRY NOTIC	ES AND REPORTS ON	N WELLS		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"				7. Lease Name or Unit Agreement Name	
DIF	FORM C-10	1) FOR SUCH PROPOSALS	S.)	Jamaica State	
1. Type of Well: OIL WELL X	GY3				
2. Name of Operator	METT [OTHER		8. Well No.	
	1 & Gas Co	mpany		1	
3. Address of Operator		: 21 2 my 707	110	9. Pool name or Wildcat	
4. Well Location	X 31311, M	idland, TX 797	10	Pearl Queen	
Unit Letter	<u>0</u> ; <u>990</u>	Feet From The South	Line and 2310	Feet From The East Line	
				_	
Section	36 777777777777777777777777777777777777	Township 19-S	Range $34 - E$ whether DF, RKB, RT, GR, etc.)	NMPM Lea County	
		////X = '	GR		
11.	Check Ap	propriate Box to Ind	icate Nature of Notice, I	Report, or Other Data	
NOT	TICE OF INTE	ENTION TO:	SU	BSEQUENT REPORT OF:	
PERFORM REMEDIAL	WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANI		CHANGE PLANS	COMMENCE DRILLIN	NG OPNS. PLUG AND ABANDONMENT	
			CASING TEST AND		
			i		
OTHER:			OTHER:	erfs to Queen X	
12. Describe Proposed of work) SEE RULE 1		os (Clearly state all pertinent d	etails, and give pertinent dates, inc	luding estimated date of starting any proposed	
11/7/90 -	Perforate	lower Queen fr	om 4894'-4900',	2 SPF, 12 holes	
11/8/90 -	Acidize wi	th 500 gals 71/2	% NEFE Acid, br	eak down 3800 PSIG	
11, 0, 30	Frac with	17,000 gals ge	1, 30,000# 20/4	O sand, air-10 BPM,	
	ATP=2600 F	SIG, ISIP=2000) PSIG		
I hereby certify that the ini	formation above is true ar	nd complete to the best of my know		11/15/00	
SIGNATURE	11/11/11/11	They	mu _Engineer	DATE 11/15/90	
TYPE OR PRINT NAME	M. G. Moor	ıey /		TELEPHONE NO. 683–3171	
(This space for State Use)	- 1	इ.स.च्या १८५० व्याप्त ्री	•		
(MOV 19 f	
APTROVED BY			TITLE	DATE	