

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-06024
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.)	
1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Lease Name or Unit Agreement Name Bertha J. Barber
2. Name of Operator CROSS TIMBERS OPERATING COMPANY	8. Well No. 10
3. Address of Operator P. O. Box 52070 Midland, Texas 79710-2070	9. Pool name or Wildcat Monument Blinebry
4. Well Location Unit Letter <u>E</u> : <u>1,650</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>8</u> Township <u>20S</u> Range <u>37E</u> NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3,553' GR</u>	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☐
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOB ☐
OTHER: ☐	OTHER: ☐
PLUG AND ABANDON ☐	ALTERING CASING ☐
CHANGE PLANS ☐	PLUG AND ABANDONMENT ☐

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. MIRU PU. POH w/rods. ND WHD. NU BOP. POH w/production tbg.
2. Ran GR-CCL log fr/5,680'-4,850'. Perf additional Blinebry 1 jsf fr/5,528'-44' (17 holes).
3. Set RBP @ 5,578'. Set pkr @ 5,446'. Acidize Blinebry fr/5,528'-44' w/1,500 gals 15% NEFE HCL w/30-BS.
4. Swab load wtr.
5. Release pkr. Retrieve RBP. POH.
6. Ran 2-3/8" production tbg. ND BOP. NU WHD. Ran rods & pump. Returned to ppg Blinebry perforation now fr/5,528'-5,665'. Final Report 12/6/94.

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

SIGNATURE Ray F. Martin TITLE Operations Engineer DATE 2-14-95

TYPE OR PRINT NAME Ray F. Martin TELEPHONE NO. (915) 682-8873

(This space for State Use)

ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: