

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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|---|
| WELL API NO. 30-025-21258 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. E-8913 |

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | 7. Lease Name or Unit Agreement Name State E |
| 2. Name of Operator Stevens & Tull, Inc. | 8. Well No. 1 |
| 3. Address of Operator P.O. Box 11005, Midland, TX 79702 | 9. Pool name or Wildcat Wildcat |
| 4. Well Location Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line Section 20 Township 20S Range 36E NMPM Lea County | 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3622 GR |

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Test Bone Springs Sand ☒

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.

3/12/97 - Abandon Atoka Formation with CIBP set @ 10,000'
3/13/97 - MIRU pulling unit - perforate Bone Springs Sand from 8780'-8810' total-80 holes
Acidize w/7500 gals 15% NEFE Acid
3/17/97 - Recovered Load - No shows of oil w/trace of gas

T/A Wellbore for further evaluation

Shut-In

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

SIGNATURE Michael G. Mooney TITLE Consulting Engineer DATE 4/1/97
TYPE OR PRINT NAME Michael G. Mooney TELEPHONE NO. 915/699-1410

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

no pool attached