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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State ☐	For ☒
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO CEMENT OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT - I" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER-		7. Unit Agreement Name
2. Name of Operator Lonnie J. Buck		8. Farm or Lease Name Gulf-Huston
3. Address of Operator 901 N. Jefferson Hobbs, New Mexico 88240		9. Well No. #1
4. Location of Well UNIT LETTER <u>B</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>7</u> TOWNSHIP <u>19S</u> RANGE <u>37E</u> NMPM.		10. Field and Pool, or Wildcat Eumont
15. Elevation (Show whether DF, RT, GR, etc.) 3716.3		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Well Completion ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. 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.

Rig up completion Rig. Install BOP. Run bit and scraper to 4065. Run CBL and correlation log. Perforate 20 shots 1 jspf, 3746 - 3819. Remove BOP, install permanent well head. Acidize with 2500 gals. 10% MCA acid, swab acid back. Shot in over night. Rig up Halliburton to frac with 90 tons CO₂, 25,000 gallons jelled 2% KCL and 62,000# 20/40 & 10/20 sand. Flowed and swabbed to clean up well. Ready for test.

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

SIGNED Lonnie J. Buck TITLE Owner-Operator DATE 3-10-80

Orig. Signed by
John Runyan
Geologist

APPROVED BY _____

TITLE _____

DATE MAR 10 1980

CONDITIONS OF APPROVAL, IF ANY: