

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.	30-025-32163
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
Frances Evelyn	
8. Well No.	1
9. Pool name or Wildcat	Wildcat San Andres

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 Drum Energy	
3. Address of Operator C/O Oil Reports & Gas Services, Inc. P. O. Box 755; Hobbs, NM 88241-0755	
4. Well Location Unit Letter N : 990 Feet From The South Line and 1740 Feet From The West Line Section 35 Township 19S Range 38E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3579.7GR	

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"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <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.

Request to Gel Frac the following
4317'-4360' w/ 52,600 gal borate gel frac
104,700 lbs. sand
Return to production

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

SIGNATURE Laren Holler TITLE Agent DATE 06/19/95
TYPE OR PRINT NAME Laren Holler TELEPHONE NO. (505) 393-2727

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JUN 20 1995

RECEIVED

JUN 26 1985
U.S. HOBBS
OFFICE

RECEIVED

JUN 26 1985
U.S. HOBBS
OFFICE