|                                                      | Santa he<br>Nga           |      |    |
|------------------------------------------------------|---------------------------|------|----|
| _                                                    | BLM<br>Land Office        | •    | -  |
| Submit 3 Copies<br>to Appropriate<br>District Office | H of M.                   |      |    |
| District Office                                      | California de la servicio | *a-r | 49 |

CONDITIONS OF AITROVAL, IF ANY:

| Submit 3 Copies Hot M.  to Appropriate Operator  District Office                                                                                                                                 | State of New Mexico  Energy, Minerals and Natural Resources Department                                                                                                                                 |                                                                             | Form C-100<br>Revised 1-1-89                                   |                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------|--|
| DISTRICT I<br>P.O. Box 1980, Hobbs, NM 88240<br>DISTRICT II                                                                                                                                      | OIL CONSERVATION DIVISION P.O. Box 2088                                                                                                                                                                |                                                                             | VELL AFI NO.<br>3002506291                                     |                                                                    |  |
| P.O. Drawer DD, Anesia, NM 88210                                                                                                                                                                 | Santa Fe, New Mexico 87504-2088                                                                                                                                                                        |                                                                             | 5. Indicate Type of Lease                                      |                                                                    |  |
| DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410                                                                                                                                                |                                                                                                                                                                                                        | -                                                                           |                                                                | ATEXX FEE                                                          |  |
|                                                                                                                                                                                                  |                                                                                                                                                                                                        | 1                                                                           | <ol> <li>State Oil &amp; Cas Lease No.<br/>B 2736 9</li> </ol> | a.                                                                 |  |
| SUNDRY NOTICES AND REPORTS ON WELLS  ( DO NOT USE THIS FORM FOR PROPOSALS TO BRILL OR TO DEEPEN OF PLUG BACK TO A  DIFFERENT RESERVAR. USE "APPLICATION FOR PERMIT"  ( SOROPORA SUCH PROPOSALS.) |                                                                                                                                                                                                        |                                                                             | 7. Lease Name or Unit Agreement Name                           |                                                                    |  |
| 1. Type of Well: Oil OAS WELL WELL X                                                                                                                                                             | OTICA                                                                                                                                                                                                  |                                                                             | Hudson Phillips Com.                                           |                                                                    |  |
| 2. Name of Operator W. A. & E. R. Hi                                                                                                                                                             | udson Inc.                                                                                                                                                                                             | - E                                                                         | 8. Well No.                                                    |                                                                    |  |
| 3. Address of Operator                                                                                                                                                                           |                                                                                                                                                                                                        |                                                                             | 9. Pool paine or Wildcat                                       |                                                                    |  |
| 616 Texas Street, Ft. Worth, Texas 76102                                                                                                                                                         |                                                                                                                                                                                                        |                                                                             | Eumont Yates Seven Rivers                                      |                                                                    |  |
|                                                                                                                                                                                                  | ) Feet From The North                                                                                                                                                                                  | Line and 1980                                                               |                                                                |                                                                    |  |
| Section 30                                                                                                                                                                                       | Tourship 20                                                                                                                                                                                            | 37                                                                          | I.ea                                                           |                                                                    |  |
|                                                                                                                                                                                                  | 10. Elevation (Show whether DF, RA<br>GR 3534                                                                                                                                                          | (B, RT, GR, etc.)                                                           | V////                                                          | County                                                             |  |
| 11. Check A                                                                                                                                                                                      | Appropriate Box to Indicate Natur                                                                                                                                                                      | ra of Notice Dev                                                            |                                                                |                                                                    |  |
| NOTICE OF INT                                                                                                                                                                                    | ENTION TO:                                                                                                                                                                                             |                                                                             | ort, or Other Data<br>EQUENT REPOR                             | T OF                                                               |  |
| PERFORM REMEDIAL WORK                                                                                                                                                                            | PLUG AND ABANDON REM                                                                                                                                                                                   |                                                                             | r                                                              | <b>F</b> *                                                         |  |
| TEMPORARILY ABANDON                                                                                                                                                                              |                                                                                                                                                                                                        | MEDIAL WORK                                                                 |                                                                | NG CASING                                                          |  |
| COMMENCE DRICLING OPNS. PLUG AND ABANDONMENT                                                                                                                                                     |                                                                                                                                                                                                        |                                                                             |                                                                |                                                                    |  |
| OTHER:                                                                                                                                                                                           | <b>,</b> ,                                                                                                                                                                                             | CASING TEST AND CEMENT JOB                                                  |                                                                |                                                                    |  |
|                                                                                                                                                                                                  | ons (Clearly state all pertinent details, and give                                                                                                                                                     | pertinent dotes, including                                                  | estimated date of starting a                                   | Inty proposed                                                      |  |
| On 11-15-97 perforated a total of 12 holes On 11-17-97 set packer HCL acid. Set RTBT at 1000 gals 15% HCL, and On 11-19-97 Frac well sand and 40,000# 12/20 instant shut in pressur              | 3334', 3340', 3345', 3388' 3410' and acidized existir 3410' and packer at 3280' 24 ball sealers. Broke at with 35,000 gals. carbo for Resin coated sand. Avera te 1043 PSI am air unit, clean out sand | ng perfs: 343<br>and acidized<br>4000 PSI<br>bam, 110 tons<br>age rate 33.8 | 3401, 2 shots 6'-3534' with 1 perfs: 3334'-3                   | per foot for<br>.000 gals 15%<br>.401' with<br>.5.000# 12/20 Brady |  |
| I hereby certify that the information above is thus                                                                                                                                              | nd complete to the best of my knowledge and belief                                                                                                                                                     |                                                                             |                                                                |                                                                    |  |
| SIGNATURE A A A A A A A A A A A A A A A A A A A                                                                                                                                                  | •                                                                                                                                                                                                      | roduction Supe                                                              | rintendent                                                     | 12/3/97                                                            |  |
| INTEGRIFANT NAME J. B. Smit                                                                                                                                                                      | 11111                                                                                                                                                                                                  | <u></u>                                                                     | DATE .                                                         |                                                                    |  |
| (This space for State Use)                                                                                                                                                                       |                                                                                                                                                                                                        |                                                                             | • स्थात                                                        | 1K)NE NO.505 676 2266                                              |  |