

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

API NO. (assigned by OCD on New Wells) 30-025-06940	
6. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. N/A	
7. Lease Name or Unit Agreement Name W. T. McCOMACK	
8. Well No. 11	
9. Pool name or Wildcat BLINEBRY GAS	
4. Well Location Unit Letter <u>A</u> : <u>554</u> Feet From The <u>NORTH</u> Line and <u>554</u> Feet From The <u>EAST</u> Line Section <u>32</u> Township <u>21 SOUTH</u> Range <u>37E</u> NMPM <u>LEA</u> County	10. Elevation(Show whether DF, RKB, RT, GR, etc.) <u>3473'</u>

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CMT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>PLUG BACK NEW ZONE</u> <input checked="" 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.

WORK STARTED 06/20/94. MIRU, ND WH, NU BOP. POH W/RODS & TBG. KILL WELL W/30 BBLs.
SET CIBP @7088'.PUMP 365 BBLs W/NO CIRC. LOAD TBG W/50 BBLs, NO PSI.LOAD ANN W/500#
15 MIN OK. SET CIBP @6650'.LOG GR/NEUTRON/CCL F/4500'-6500'. PERF F/5900'-5765', 5744'-5585'.
ACDZ EACH SET W/200 GALS 15% NEFE HCL. FRAC PERFS W/50,500 GALS 40# LINEAR GEL W/50% CO2
AND 122,500# OF 16/30 OTTAWA SD. ND BOP, NU WH. SWAB. TURN WELL OVER TO PRODUCTION
06/30/94.

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

SIGNATURE Wendi Kingston TITLE TECH. ASSISTANT DATE: 07/6/94
TYPE OR PRINT NAME WENDI KINGSTON TELEPHONE NO. (915)687-7436

APPROVED BY JERRY SEXTON TITLE DISTRICT I SUPERVISOR DATE JUL 11 1994
CONDITIONS OF APPROVAL, IF ANY:

2A McComack Silverman