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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

| | |
|--------------------------------|---|
| 5a. Indicate Type of Lease | |
| State <input type="checkbox"/> | Fee <input checked="" type="checkbox"/> |
| 5. State Oil & Gas Lease No. | |

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 7. Unit Agreement Name | |
| 2. Name of Operator Cities Service Oil Company | | 8. Farm or Lease Name Owen | |
| 3. Address of Operator P. O. Box 4906 - Midland, Texas 79701 | | 9. Well No. 2 | |
| 4. Location of Well UNIT LETTER 0, 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 35 TOWNSHIP 21S RANGE 37E NMPM. | | 10. Field and Pool, or Wildcat Wantz ABO | |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3362' GR. | | 12. County Lea | |

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

| | |
|-----------------------|--------------------------|
| PERFORM REMEDIAL WORK | <input type="checkbox"/> |
| TEMPORARILY ABANDON | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> |
| OTHER | <input type="checkbox"/> |

| | |
|------------------|--------------------------|
| PLUG AND ABANDON | <input type="checkbox"/> |
| CHANGE PLANS | <input type="checkbox"/> |
| OTHER | <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | | | |
|----------------------------|-------------------------------------|----------------------|--------------------------|
| REMEDIAL WORK | <input checked="" type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| COMMENCE DRILLING OPNS. | <input type="checkbox"/> | PLUG AND ABANDONMENT | <input type="checkbox"/> |
| CASING TEST AND CEMENT JOB | <input type="checkbox"/> | OTHER | <input type="checkbox"/> |

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.

T.D. 7444' Granite PBD 7396'. Workover Complete. Drilled deeper to a T.D. of 7444' and ran 29 Jts. (1207') 4" OD 9.11# FJ40 Hydril casing liner hung and cemented @ 6237 - 7444' w/75 sks. Class C w/5% CFR-2 5% Halad 9 and 1/4# Flocele/sack cement. Plug down @ 6:00 PM on 12-22-73 with maximum pressure of 2500#. WOC 54 Hrs. Do to 7396'. Spotted 357 gals. 20% HCl in liner 6600 - 7385'. Perforated the ABO w/1 - 0.21" Hole each @ 6632, 6668, 6681, 6688, 6695, 6707, 6724, 6736, 6772, 6815, 6849, 6857, 6858, 6865, 6871, 6881, 6883, 6886, 6895, 6917, 6919, 6921, 6926, 6932, 6951, 6983, 6990, 6996, 7004, 7012, 7023, 7052, 7066, 7076, 7082, 7093, 7098, 7108, 7146, 7183, 7217, 7224 and 7248. Ran 2-3/8" OD Tubing w/Packer @ 6114 and acidized ABO perfs 6632 - 7248' w/6000 gals. 20% NE Acid + 55 Ball Sealers. Maximum Pressure 3800#, Minimum pressure 1200# ISIP 3300#, 5 min. SIP 3200#, Air 1.7 B/M. Swabbed part of load and well started flowing. Well flowed on potential from the ABO Zone 252 BO + 2 BW/24 hrs. thru 16/64" choke. FTP 1140#, GOR 4694, Grav. 44.4 API @ 60°. Workover completed 1-4-74.

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

SIGNED E. Spindler TITLE Region Operation Manager DATE January 9, 1974

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: