

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.  
30-025-21908

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. 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. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator  
James N. Evans

3. Address of Operator  
P.O. Box 1076 Eunice, New Mexico 88231

4. Well Location  
Unit Letter K : 1650 Feet From The FWL Line and 2310 Feet From The ESC Line  
Section 29 Township T-20S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3529, 9RKB

7. Lease Name or Unit Agreement Name

A.B. Reeves "A"

8. Well No.  
2

9. Pool name or Wildcat  
Eunice-Monument GB-SA

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☒ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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.

11-28 to 12-8-93 Locate Holes in 4½" 10.6#csg. f/372'-804' Set RBP @3401' SQSE leaks W/total of 325 sxs Cl "C" W/2% CaCl2. D.O. Cmt & TST 4½" Csg. to 400 psi- 30min. Ok. Retr. RBP GIh W/2-7/8" N-80 Frac string & PKR & Frac GB/SA f/3701-3861(28 perfs) W/64,000 gals gel water carrying 126,000# 20/40 & 12/20 Sand, AIR-25BPM, MXP-4600 PSI, Avg P 3850, ISIP-1483 PSI. SI 48hrs. POH W/pkr GIH W/Sand Pump & CO Sand F/3700'-3861'. GIH W/C.A. Assy. & return to prod. Total Rec(-1705 BLW) 24hr. Test: 1 -BO, 100 BLW, 60 MCFPD.

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

SIGNATURE

TITLE MANAGER

DATE 1-24-94

TYPE OR PRINT NAME

JAMES R. EVANS

TELEPHONE NO.

394-2506

(This space for State Use)

**ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE JAN 24 1994

CONDITIONS OF APPROVAL, IF ANY: