

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.O.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name	
McGarrity	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
East Weir Blinebry	
Skaggs Grayburg	
12. County	
Lea	

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 ☐ GAS WELL ☐ OTHER-

2. Name of Operator
SPARCO

3. Address of Operator
c/o Oil Reports & Gas Services, Inc. Box 755, Hobbs, NM 88241

4. Location of Well
UNIT LETTER N 660 FEET FROM THE South LINE AND 2310 FEET FROM
THE West LINE, SECTION 6 TOWNSHIP 20S RANGE 38E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3579 KB

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

PERFORM REMEDIAL WORK <input 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 <u>Squeeze Grayburg, Reperf Blinebry</u> <input type="checkbox"/>

SUBSEQUENT REPORT OF:

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

7. 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.

It is proposed to squeeze Grayburg perms 3940 to 4065 with 200 sacks.
Drill out cement, perforate additional Blinebry 5792 to 5890,
treat with 5,000 gallons acid, test for production.

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

SIGNED Donna Webb TITLE Agent DATE 2/12/86

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT 1 SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE FEB 13 1986