

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒
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 Kirby Exploration Company of Texas	8. Farm or Lease Name Royalty Holding
3. Address of Operator P. O. Box 1745, Houston, Texas 77251	9. Well No. 1
4. Location of Well UNIT LETTER B, 1980 FEET FROM THE East LINE AND 660 FEET FROM THE North LINE, SECTION 25 TOWNSHIP 21S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Blinebry Oil & Gas
15. Elevation (Show whether DF, RT, GR, etc.) 3408.8	12. County Lea

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"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> recomplete to Blinebry, acid treat & fracture treat

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.

1. POH w/ rods & tbq. Set CIBP @ 6470'. Cap w/ 25' of cmt. PBTD 6435'. (6-17-85)
2. Spot 200 gals 10% MSA from 5945'-5834'. Perforate 5829'-5945', 1 jsp. Spot 300 gals 15% NEFE from 5946'-5760'. (6-18-85)
3. Acid treat w/ 2000 gals 15% NEFE plus 24 ball sealers. Swab back to recover load. (6-19-85)
4. Fracture treat w/ 40,000 gals MY-T-GEL plus 60,000# 20/40 sand in 4 stages. (6-20-85)
5. Run tracer survey to determine frac height & flow well back. (6-21-85)
6. Swab to recover load. (6-22-85 to 6-24-85)
7. Run rods & tbq, return to production. (6-24-85)

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

SIGNED Judi Nelson / Judi Nelson TITLE Production Administrator DATE 8-27-85

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP - 9 1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP -6 1985

O.C.D.
HOBBS OFFICE