State of New Mexico E. y, Minerals and Natural Resources Depart.

Form C-103 Revised 1-1-89

DISTRICT I		·ONCEDVAT						
DISTRICT I. P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION 2040 Pacheco St.					WELL API NO.			
DISTRICT II. Santa Fe, NM 87505 P.O. Drawer DD, Artesia, NM 88210					30-025-27668			
DISTRICT III					sinuicate Type of Le	STATE	FEE	
1000 Rio Brazos Rd., Aztec, NM 87410					sState Oil & Gas Lea		1223	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					THE RESERVE THE PROPERTY OF THE PARTY OF THE			
DIFFERENT	⁷ Lease Name or Unit Agreement Name							
(FORM C-101) FOR SUCH PROPCSALS.) Type of Well:					Dewey			
OIL GAS WELL WELL		OTHER						
² Name of Operator Cross Timers Operating Company					⊌Well No.			
Address of Operator					Pool name or Wildcat			
3000 N. Garfield, Suite 175, Midland, TX 79705 Well Location					West Nadine Paddock-Blinebry and West			
Unit Letter G :	2310 Feet From The	North	Line and	2310	Nadine Dri	_	11.	
Section	5 Townshin	208		005			Line	
	iii 1 10El	evation (Show whether E	Range DF, RKB, RT, GR, etc	38E c.)	NMPM	Lea	County	
11 Cha						West with		
Che	eck Appropriate	Box to Indicate	Nature of Not					
					SEQUENT RE	PORT OF:		
PERFORM REMEDIAL WORK	PLUG A	ND ABANDON	REMEDIAL WO	ORK		ALTERING CAS	ING	
TEMPORARILY ABANDON	CHANG	E PLANS	COMMENCE	PRILLING OF	PNS.	PLUG AND ANBA	ANDONMENT	
PULL OR ALTER CASING CASING TEST AND CEME					NT JOB			
OTHER:			OTHER: DH	C per Orde	er DHC 1686		X	
page 2007-6951'. PBTD @ 7000'	IBP @ 6250'. Perfo on-productive. Set C s. Swbd tested non-p	rated Drinkard 7109 IBP @ 7080'. Performeductive. Set CIB	9-23' (8 - 05" ho prated Drinkard 7 P @ 7000'. Per	les). Acidi 7021-42' (6 forated Dri	ized w/2500 gals 3 - 0.5" holes). Ac inkard 6907-6951	15% NEFE HCI cidized w/2000 c (10 - 0.5" holes	gals 15% s). Acidized	
I hereby certify that the information a SIGNATURE GARGE TYPE OR PRINT NAME Janice Cou	bove is true and completed to Courtne		edge and belief. TITLE Regulatory	y Tech		DATE 01-09- TELEPHONE NO. 91		
(This space for State Use) ORIGINAL SIG	TED DV OUTE							
AFFROVED BY	NED BY CHRIS WI CT I SUPERVISOR	ILLIAMS I	TITLE			DATE		
CONDITIONS OF APPROVAL, IF ANY:								