

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.	30-025-28124
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Monstro
8. Well No.	1
9. Pool name or Wildcat	Nadine Drinkard West
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3,579' GR

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
CROSS TIMBERS OPERATING COMPANY

3. Address of Operator
3000 N. Garfield, Suite 175 Midland, Texas 79705

4. Well Location
Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Line

Section 6 Township 20S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3,579' GR

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: Acidize ☒

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.

6/25/96 to 6/28/96: Pulled rods & pump. Acidized Drinkard perms fr/6,861'-6,938' with 1,000 gals 15% NEFE HCL acid down tubing. Swab'd well. Pulled tubing. Replaced seat nipple & seat nipple joint. Ran tubing to 6,973'. Ran pump & rods. Returned well to pumping.

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

SIGNATURE Ray F. Martin TITLE Operations Engineer DATE 1/8/97

TYPE OR PRINT NAME Ray F. Martin

TELEPHONE NO. (915) 682-8873

(This space for State Use)

JAN 15 1997

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: