

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-29513
5. Indicate Type of Lease	STATE ☐ FEE ☒
6. State Oil & Gas Lease No.	

7. Lease Name or Unit Agreement Name	Leonard
8. Well No.	2
9. Pool name or Wildcat	West Nadine, Blinebry

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 Production Company
3. Address of Operator P. O. Bcx 50847, Midland, Texas 79710	4. Well Location Unit Letter B : 990 Feet From The North Line and 2310 Feet From The East Line

Section 7	Township 20S	Range 38E	NMPM	Lea	County
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10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3,564' GR
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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.

11/26/90 - Perf Blinebry @ 6,288', 6,283', 6,274', 6,264', 6,258', 6,256', 6,253' 6,238' & 6,232'. Acidized perfs 6,288'-6,232' w/1,000 gals 15% NEFE acid.

11/30/90 - Frac perfs 6,288'-6,232' w/26,000 gals & 40,000# 20/40 sand.

12/01/90 - Swabbed & flowed 158 BLW.

12/18/90 - Acidized Blinebry perfs 5,873'-6,057' w/2,500 gals 15% NEFE.

12/19/90 - Ran 2-3/8" production tbg, rods & pmp.

12/27/90 - P. 66 BO, 150 MCF, 24 hrs.

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

SIGNATURE Gary L. Markestad TITLE Operations Engineer DATE 12/28/90
(915)

TYPE OR PRINT NAME Gary L. Markestad TELEPHONE NO. 682-8873

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: