

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.

30-025-30520

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

010709

7. Lease Name or Unit Agreement Name

DK

8. Well No. 3

9. Pool name or Wildcat

East Warren Tubb

**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

Stevens & Tull, Inc.

3. Address of Operator

P.O. Box 11005, Midland, TX 79702

4. Well Location

Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line

Section 25 Township 20S Range 38E NMPM Lea County

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

3566

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: Frac Treatment ☒

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.

1/3/97 - Production down to 33 Bopd and 56 mcfd - decide to frac well down casing with 116,690# 16/30 frac sand and 1624 barrels x link gel at 45 Bpm

1/6/97 - Put well on pump and recovering frac load

1/20/97 - All load recovered - producing 196 Bopd and 416 mcf

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

SIGNATURE

*Michael G. Mooney*

TITLE

Consulting Engineer

DATE

2/3/97

TYPE OR PRINT NAME

Michael G. Mooney

TELEPHONE NO.

915/699-1410

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: