

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.

30-025-31267

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-1996

7. Lease Name or Unit Agreement Name

White Lightnin'

8. Well No.

1

9. Pool name or Wildcat

Wildcat

**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

C. W. Trainer

3. Address of Operator

c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM

4. Well Location

Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line

Section

19

Township

22S

Range

33E

NMPM

Lea

County

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

3639.1 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: Squeeze, Perf & Test ☒

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

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.

It is proposed to squeeze perfs 8630-42 with 50 sacks. Perforate Cherry Canyon 6796-6828 & test. If non productive will squeeze with 100 sacks, drill out cement and CIBP at 11,700 and clear out to 12,050. Perforate Bone Spring at selective intervals from 11,670 to 12,005 and test.

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

SIGNATURE

*Donna Holler*

TITLE

Agent

DATE

10-31-91

TYPE OR PRINT NAME

Donna Holler

505-393-2727

TELEPHONE NO.

(This space for State Use)

RECEIVED BY LARRY SERRON  
10/31/91

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: