

Submit 3 Copies

To Appropriate

District Office

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

811 South First, Artesia NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

OIL CONSERVATION DIVISION

2040 South Pacheco

Santa Fe, NM 87505

WELL API NO.
30-025-33427

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.
N/A

7. Lease Name or Unit Agreement
Name:

Kyte

8. Well No. 3

9. Pool name or Wildcat
Abo

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
Falcon Creek Resources, Inc.

3. Address of Operator
621 17th St., Suite 1800
Denver, CO 80293-0621

4. Well Location
Unit letter I : 1980 feet from the South line and 660 feet from the West line
Section 23, Township 20S Range 38E NMPM Lea County

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

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: Perforated Abo Formation

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.

2-21 Perforated Abo 7624-37, 7670-87, 7755-63 Perforated Abo 7310-23, 7385-7400, 7503-10

2-22 Acidize 1140 gals 20% HCl + 3200 gals 28% SXE

2-23 Acidize 1050 gals 20% HCl + 5880 gals 28% SXE

2-26 thru 2-28

Isolated each section of abo & swab tested.

2-29 Isolated Blinbry & Tubb perforations behind packer set @ 7255'. Blinbry and Tubb perms will be shut-in until Abo test is completed.

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

SIGNATURE Gerald Lucero TITLE Manager of Operations DATE March 28 2000

Type of print name Gerald Lucero Telephone No. (303) 675-0007

(This space for State use)

APPROVED

BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

3
C