

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

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised 1-1-89

WELL API NO.

30-025-23427 33022

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement
Name:

Kyte

8. Well No.

4

9. Pool name or Wildcat

Abo, Blinebry, 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

Falcon Creek Resources, Inc.

3. Address of Operator

621 17th St., Suite 1800

Denver, CO 80293-0621

4. Well Location

Unit letter H : 1980 feet from the FNL line and 660 feet from the FEL 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: Commingled

4/25/00

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. TOH w/ tbg & rods

2. Drilled out CIBP over Tubb at 6600'

3. Perforated upper and lower Abo

4. Acidized upper and lower Abo with 8100 gallons 28% SXE acid and 1575 gallons 20% HCL in 2 stages

5. Isolated and tested Abo with pkr

6. Got RBP above Abo and Tubb at 6400'

7. Add Blinebry (B-4) perms

8. Acidize Blinebry perms with 875 gallons 15% NEFE acid and 5250 gallons 28% SXE acid

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 September 19, 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: