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## 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 OIL CONSERVATION DIVISION

WELL API NO. 30-025-33683 5. Indicate Type of Lease

310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 FEE X 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 N/A SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Kyte Type of Well: GAS WELL WELL X 2. Name of Operator 8. Well No. Stevens & Tull, Inc. 3. Address of Operator 9. Pool name or Wildcat P.O. Box 11005, Midland, TX 79702 East Warren Tubb 4. Well Location 1980 Feet From The 660 North East Unit Letter \_ Feet From The Line and Line 38E 23 20S Lea **NMPM** Township Range Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3563 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK REMEDIAL WORK **ALTERING CASING** PLUG AND ABANDON PLUG AND ABANDONMENT TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** Completion OTHER:\_ 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. 1/22/97 - MIRU pulling unit and drill out DV tool at 4990'. RU WL and perforate Tubb Formation from 6622' - 6770' with 91 holes. 1/23/97 - Acidize Tubb Formation with 3500 gallons 15% gelled acid. Swab test 15 Bopd with good shows of gas. SWI waiting on frac equipment. 2/4/97 - Frac Tubb down casing at 45 Bpm with 69,600 gallons Borate gel plus 156,000# 16/30 frac sand. 2/5/97 - Start swabbing back load to get well to flowing. I hereby certify that the information above is true and complete to the best of my knowledge and belief. mue Consulting Engineer \_\_\_\_ DATE \_\_\_\_\_2/11/97\_ TYPEOR PRINT NAME Michael G. Mooney 915/699-1410

TITLE

APPROVED BY-CONDITIONS OF APPROVAL, IF ANY:

(This space for State Use)