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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-025-34086

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.
NA

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.)

7. Lease Name or Unit Agreement Name
KYTE

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

8. Well No.
6

2. Name of Operator
Stevens & Tull, Inc.

9. Pool name or Wildcat
Undesignated House San Andres

3. Address of Operator
P.O. Box 11005, Midland, TX 79702

4. Well Location
Unit Letter I : 2310 Feet From The South Line and 990 Feet From The EAST Line

Section 23 Township 20S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3568 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: Test San Andres ☒	

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.

9/24/97 - Set CIBP @ 4400' - Set Cement Retainer @ 4167' squeeze San Andres perfs w/200 sx class "C" to 2600 psi
9/25/97 - Drill out cement and CIBP @ 4400'
9/26/97 - Frac perforations from 4440'-4480' w/8000# 16/30 Sand pipeline Frac - Screened o
9/27/97 - Clean out wellbore & put well on pump to test formation

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 11/24/97

TYPE OR PRINT NAME Michael G. Mooney TELEPHONE NO. 915/ 699-1410

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: