Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

Form C-103
Revised 1-1-89

WELL API NO. 30-025-34296

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No. 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 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

2. Name of Operator: Stevens & Tull, Inc.

8. Well No. 8

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

9. Pool name or Wildcat: DK Abo

4. Well Location
Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line

Section 23 Township 20S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3572' 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: Perforate and frac Abo	☒		

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.

03/24/98 - RU WL and perforate Abo: 7234' - 7490' w/ 160 holes
03/25/98 - Spot 3 bbls acid @ 7496' Set packer @ 7060' Acidize with 3000 gals 15% nefe. RU Swab - 6 runs yielding 50% oil cut.
03/26/98 - Swabbing until 100% oil cut.
04/01/98 - MIRU pulling unit. Frac down 2 7/8" w/ 7,500 gals prepad gel + 61,520# 20/40 TLC frac sand + 45,380 gals xlink gel.

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

SIGNATURE Jack Barton TITLE Regulatory consultant DATE 4-13-98

TYPE OR PRINT NAME Jack Barton TELEPHONE NO. 915 699-1410

(This space for State Use)

ORIGINAL SIGNED BY TIM W. WILLIAMS
DISTRICT I SUPERVISOR

APR 16 1998

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: