

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.
30-025-34457

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.
23402

7. Lease Name or Unit Agreement
Name: Kyte

8. Well No.
9

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 C : 660 feet from the North line and 1980 feet from the West line
Section 23, Township 20S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.
3567' GR

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: Add Additional Abo perfs and acidize _____

SUBSEQUENT REPORT OF:

REMEDIAL WORK

ALTERING CASING

COMMENCE DRILLING OPNS.

PLUG AND ABANDONMENT

CASING TEST AND CEMENT JOB

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.

Intend to start work 5-1-00

1. Perforate additional Abo perforations from 7515-7530, 7605-7620, and 7730-7745 4spf .44" holes
2. Isolate lower Abo perfs with from the Abo and Blinebry perfs with a packer set at 7475'
3. Acidize perfs with 1125 gallons 20% HCL breakdown acid and 6750 gallons of 28% SXE acid
4. Swab test and evaluate lower Abo perforations
5. Put on production for testing & commingling information

Intend to commingle with Blinebry & previously submitted Abo perforations at a later date.

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 April 26, 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:

5
✓

