

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1/1/89

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

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

WELL API NO.
30-025-04727

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Devonian State

8. Well No.
8

9. Pool name or Wildcat
Eumont Yates Seven Rivers Queen

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
Citation Oil & Gas Corp.

3. Address of Operator
8223 Willow Place South, Suite 250, Houston, Texas 77070-5623

4. Well Location
Unit Letter **I** : **1980** Feet From The **South** Line and **660** Feet From The **East** Line
Section **20** Township **21S** Range **36E** NMPM **Lea** County

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

11. 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: **Plug back Queen and open Yates 7 Rivers** ☒

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.

Citation Oil & Gas Corp. plans to plugback the Queen formation and recomplete the Yates Seven Rivers. Fracture stimulate the Yates and Seven Rivers in two stages using a foam system. Replace tubing and install rods, pump and pumping unit. See attached procedure.

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

SIGNATURE Sharon Ward TITLE **Regulatory Administrator** DATE **12-7-98**

TYPE OR PRINT NAME **Sharon Ward** TELEPHONE NO. **(281) 469-9664**

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: