

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.
30-025-04730
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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 Ste 250 Houston Tx. 77070

4. Well Location
Unit Letter A : 660 Feet From The North 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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: Drillout CIBP's & place back on prod. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

Set clean 500 Bbl Frac tank & load w/150 Bbl FW

1. MIRU PU. POH w/rods & pump.

2. Kill well as necessary using maximum of 20 Bbl 2% KCL. ND WHD. NU BOP & Stripper Hd. POH w/prod tubing. GIH w/6 1/8" MT bit, bit sub, (6)-4 1/8" DC's & XO on 2 7/8" N-80 WS. Strap in hole. Tag fill. PUH 10' & SION.

3. RU foam unit (650 CFM), air booster (750 CFM) & open top pit. Est circ (est @ 40 minutes) down 2 7/8" WS.

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 7-2-96

TYPE OR PRINT NAME Sharon Ward TELEPHONE NO. 713-469-9664

(This space for State Use)

ORIGINAL SIGNED BY JUDY SEXTON
REGULATORY DIVISION

JUL 8 1996

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

