

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240DISTRICT II
P.O. Drawer DD, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease

STATE ☒FEE ☐

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 ☐OAS
WELL ☐

OTHER

2. Name of Operator

Citation Oil & Gas Corp.

3. Address of Operator

8223 Willow Place South Ste 250 Houston, TX 77070

7. Lease Name or Unit Agreement Name

Devonian State

8. Well No.

3

9. Pool name or Wildcat

Ement y-SR-QN

4. Well Location

Unit Letter A : 660 Feet From The North Line and 660 Feet From The East LineSection 20Township 21SRange 36E

NMPM

Lea

County

10. Elevation (Show whether DF, RKB, KT, 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: ☐

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.

On November 15, 1990 Citation set CIBP @ 3706' w/10' cmt on top. Top of cmt @ 3696'. Perfed from 3562' - 3341' (total 26 holes). Acidize perms w/36 Bbls 15% NE HCL w/40 1.3 sg balls. Fraced perms w/50/50 crosslink Gel + CO2. Set RBP @ 3313' w/ 9' sand on top. RIH w/ 4" csg gun and perfed 27 holes from 3260-3060. Set pkr @ 3009'. Pumped 1500 gal 15% NE HCL w/42 1.3 SG ball sealers. Fraced perms from 3060'-3260' w/400 Bbls cross link gel (50/50) & 80 tons CO2. Ran in hole w/ production string to 3040'. Put well on production December 6, 1990.

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

SIGNATURE

Sharon E. Ward

TITLE

Prod. Records Supv

DATE

1-8-91

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 21 1991