

Submit 3 Copies To Appropriate District Office

District I
1625 N. French Dr., Hobbs, NM 88240

District II
811 South First, Artesia, NM 88210

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.

30-02504788

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

NM B-935

7. Lease Name or Unit Agreement Name:

New Mexico State "G"

8. Well No.

13

9. Pool name or Wildcat

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

Joe Melton Drilling Co., Inc.

3. Address of Operator

P.O. Box 4203 Midland, Texas 79704

4. Well Location

Unit Letter D : 660 feet from the North line and 1050 feet from the West line

Section 26

Township 21S Range 36E

NMPM

Lea County

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

3550

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 ☐ MULTIPLE COMPLETION ☐

OTHER: Perforate & Complete 7 Rvrs. ☒

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Perforate 7 Rivers zone from 3825-3848
Acidize w/3000 gallons 15% acid and 450 gallons Xylene
Halliburton Foam Frac 130 tons CO2, 95,000# sand

We would like approval so we may proceed by September 10, 2000.

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

SIGNATURE Karen Allen TITLE Secretary DATE 8/30/00

Type or print name Karen Allen

(This space for State use)

Telephone No. 915 682-5461

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: