

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

WELL API NO.	30-025-04879 ✓
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	E-1192

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.)		7. Lease Name or Unit Agreement Name PECH - STATE	
1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER	8. Well No. 1		
2. Name of Operator C. E. LONG	9. Pool name or Wildcat SR-BN JALMAT		
3. Address of Operator P.O. Box 1943, MIDLAND, TX 79702			
4. Well Location Unit Letter L : 1650 Feet From The SOUTH Line and 990 Feet From The WEST Line Section 32 Township 21 S Range 36 E NMPM LEA County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3623 GR		

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: DEEPENING ☒	

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. 1-13-87 through 4-28-87

Pulled tbg. and squeezed 4ater perfs 3300-3445'/150 rx. Drilled new 4 3/4" hole from 3450-3890'.
Ran GRN & CAL-GR logs in new hole. Ran 4", 9.5" liner 3418-3890' & cemented w/50 ssx.
Perfs. 4" csg with SANDRILL at 3879', 3865', 3844', 3830', 3820' and 3790'. Acidized perfs with
6000 gals 28% acid and 400 # rock salt. Treating press 2200 # min, 3300 # max;
2800 # AIR @ 3.8 BPM; IS DP 1450 #; FSIP 0 # in 18 min.
Ran 125 jts 2 3/8" tbg and rigged down.
Hooked well up through choke and put on line. No test.

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

SIGNATURE Marion L. Kimmel TITLE Consultant DATE 2/28/94
TYPE OR PRINT NAME MARION L. KIMMEL TELEPHONE NO. 915-683-5588

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

MAR 10 1994