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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-75

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
B-1732

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Doug Grimes	8. Farm or Lease Name Sunshine State
3. Address of Operator c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241	9. Well No. 1
4. Location of Well UNIT LETTER C, 990 FEET FROM THE North LINE AND 2209 FEET FROM THE West LINE, SECTION 19 TOWNSHIP 21S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Paddock
15. Elevation (Show whether DF, RT, GR, etc.) 3532 DF	12. County Lea

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 JOBS ☐
OTHER Abandon Plans to Test Paddock; Acid Treat Penrose Skelly ☒

17. 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.

Work began 12/1/86. Pulled rods, pump & tubing. Ran tubing with packer & RBP. Set packer at 3785, test casing to 500#, test O. K. Unable to get RBP to set below 4700. Pulled tubing, packer & plug. Set drillable CIBP at 3856. Treat perms 3803-53 with 2,000 gallons 15% HCL acid. Ran tubing, rods & pump. 12/12/86 pump 17 bbls oil & 80 bbls water, 24 hours.

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

SIGNED [Signature] TITLE Agent DATE 12/18/86
ORIGINAL SIGNED BY [Signature]
APPROVED BY [Signature] TITLE [Signature] DATE [Signature]
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

DEC 19 1986

OCD
HOBBS OFFICE