State of New Mexico
_nergy, Minerals and Natural Resources Departr.

Form C-103
Revised 1-1-89

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.	
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.)

7. Lease Name or Unit Agreement Name

1. Type of Well:
OIL WELL ☒   GAS WELL ☐   OTHER

R.L. Brunson   Tract 2

2. Name of Operator

Anadarko Petroleum Corporation

8. Well No.
3

3. Address of Operator

P.O. Box 806   Eunice, NM 88231

9. Pool name or Wildcat
Penrose Skelly - GB

4. Well Location

Unit Letter M : 330 Feet From The West Line and 330 Feet From The South Line

Section 3   Township 22S   Range 37E   NMPM   Lea   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3430' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☒	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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.

1. MIRUPU TOH w/ production string.
2. TIH w/ bit & CO to TD @ 3820'.
3. RU DS Services & acidize GB Zone w/ 3000 gals 15% NEFE acid.
4. TIH w/ production string. POP.
5. RDPU.

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

SIGNATURE _____   TITLE Field Foreman   DATE 1-22-91

TYPE OR PRINT NAME   Howard Hackett   TELEPHONE NO. 394-3184

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: