Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		•			
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	980, Hobbs, NM 88240 P.O. Box 2088			WELL API NO. 30-025-10238	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Me	xico 87504-2088	5. Indicate Type of Lease STATE	FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.		
SUNDRY NOT	ICES AND REPORTS ON	WELLS			
	OPOSALS TO DRILL OR TO DE RVOIR. USE "APPLICATION FO C-101) FOR SUCH PROPOSALS	OR PERMIT"	7. Lease Name or Unit Agreemen	t Name	
Type of Well: OIL GAS WELL X WELL	OTHER		HINTON		
Name of Operator ZACHARY OIL OPERA	TING COMPANY		8. Well No.		
Address of Operator PO BOX 1969, EUNI		88231-1969	9. Pool name or Wildcat BLINEBRY OIL		
. Well Location  Unit LetterP :9	90 Feet From The SOUTH	Line and	990 Feet From The E	AST Line	
Section 12	Township 22S	Range 37E	NMPM LEA	County	
	10. Elevation (Show w	hether DF, RKB, RT, GR, etc.) 332.5			
.i. Check	Appropriate Box to Indi		Report, or Other Data		
NOTICE OF IN			SEQUENT REPORT (	OF:	
REFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING C	ASING	
MPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	GIOPNS. DE PLUGIAND A	BANDONMENT	
JLL OR ALTER CASING		CASING TEST AND C	EMENT JOB		
THER:		OTHER:			
Describe Proposed or Completed Oper work) SEE RULE 1103.	rations (Clearly state all pertinent de	tails, and give pertinent dates, incli	uding estimated date of starting any p	roposed	
Perforate two zone	es in the Blinebr	y oil section,	5596' to 5622'-fo	ur shots	
per foot & 5690'	to 5700'-four s	hots per foot.	Treated each zon	e separate	
with 1500 gal 15%	NE acid. Frac	each zone separa	ately with 42,000	gal of ge	
brine water & 50,0	000 lbs of 20-40	sand. Run tubi	ng, pump & rods i	n hole and	
prepare to test we	<u>:</u> 11.	Ń			
I hereby certify that the information above is t	rue and complete to the best of my knowl			27.02	
SIGNATURE / OU C. M	urce_	mie Pro	_	3-24-93	
TYPE OR PRINT NAME RAY A	. PIERCE		TELEPHON	ENO. 394-215	
(This space for State UseDRIGINAL SIG	ENED BY JERRY SEXTON CT I SUPERVISOR			JG 27 1993	
APPROVED BY		TITLE	DATE		

CONDITIONS OF APPROVAL, IF ANY: