

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.

7. Lease Name or Unit Agreement Name

Antelope Ridge Unit

8. Well No.

3

9. Pool name or Wildcat

Antelope Ridge Devonian

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
Citation Oil & Gas Corp.

3. Address of Operator
16800 Greenspoint Pk. Dr. #300 South Houston, TX 77060

4. Well Location
Unit Letter K : 1980' Feet From The South Line and 1650' Feet From The West Line
Section 34 Township 23S Range 34E NMPM Lea County

10. Elevation (Show whether DF, RKB, KT, GR, etc.)
3490' DF

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: ☐

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.

Per conversation with Jerry Saxton, Citation on 4-4-89 spotted 35 sx class "C"
cmt w/2% CaCl from 4903' - 5013'. Drilled out cmt from 4931' - 5018'. Set 7"
scab liner @ 6023'. Swab tested devonian from 14,694' - 14,756. Set Model
"D" pkr @ 14,288'. RU inj line from compressor to csg. Installed flowline
to H.P. heater. Started gas injection down csg annulus. 5-30-89 Gas lifting.

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

SIGNATURE Sharon E. Ward TITLE Production Admin. Assistant DATE 5-31-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

JUN 7 1989

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: