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NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease
State ☐   Fee ☒

5. 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.)

1.

OIL WELL ☒   GAS WELL ☐   OTHER-

7. Unit Agreement Name

2. Name of Operator

Anadarko Production Company

3. Address of Operator

P. O. Box 806 - Eunice, New Mexico 88231

8. Farm or Lease Name

Hugh

9. Well No.

#10

4. Location of Well

UNIT LETTER ___E___ , ___1650___ FEET FROM THE ___North___ LINE AND ___330___ FEET FROM

THE ___West___ LINE, SECTION ___14___ TOWNSHIP ___22-S___ RANGE ___37-E___ NMPM.

10. Field and Pool, or Wildcat

Penrose - Skelly

15. Elevation (Show whether DF, RT, GR, etc.)

3376 GR

12. County

Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ___

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER ___

7. 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. Rigged up pulling unit, pulled rods and tubing
2. Rigged up reverse unit and drilled cement retainer @ 3860' & cement to 3900' T.D.
3. Reperforated with one JSPF @ 3509, 10, 16, 17, 26, 27, 28, 34, 35, 36, 49, 50, 51, 58, 59, 63, 64, 65, 73, 74, 3862, 64, 66, 68, 70, 85, 87, & 91'
4. Fracture treated all perforations with 100,000 gallons of 9# gelled Brine & 150,000# sand in three stages using two block stages of 700# rock salt & 300# of Benzoic acid flakes per stage, 10/21/75
5. Put well back on pump, 10/24/75; 2216 Bbls. load water to recover
6. Rigged down pulling unit

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

SIGNED ___Herb Henderson___   TITLE ___Area Supervisor___   DATE ___10/27/75___

APPROVED BY ___   TITLE ___   DATE ___

CONDITIONS OF APPROVAL, IF ANY: