STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State [ ] Fee [X]

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 [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name

2. Name of Operator
Anadarko Production Company

8. Farm or Lease Name
Hugh

3. Address of Operator
Box 806 Eunice, New Mexico 88231

9. Well No.
11

4. Location of Well
UNIT LETTER F , 1775 FEET FROM THE West LINE AND 1650 FEET FROM THE North LINE, SECTION 14 TOWNSHIP 22S RANGE 37E NMPM.

10. Field and Pool, or Wildcat
Penrose Skelly

15. Elevation (Show whether DF, RT, GR, etc.)
3342 GR

12. County
Lea

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

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

17. Describe Proposed or Completed Operations (*Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any propose work*) SEE RULE 1103.

1. MIRUPU. TOH w/rods, pump & tbg.
2. TIH w/csg scraper & tbg to desired depth. TOH.
3. Run Dresser Atlas Casing Inspection Log.
4. If necessary, repair csg.
5. TIH w/4-3/4" bit, DC & tbg.
6. RURU. CO scale to PBTD(3871'). TOH.
7. Load Csg w/60 bbls of KCL wtr.
8. Perforate 3527'-3530' (8 shots) 3543'-3545'(4 shots) 3658'-3662'(6 shots) 3688'-90,94, 94,96 (8 shots) 3723'-3729'(14 shots) 3802'-3812'(12 shots) 3839'-41,43,45,(8 shots) w/2 JSPF, 3553'-59'(21 shots) w/3 JSPF.
9. Run Stress Frac @ following intervals:(1) 3527-30,(2) 3543-45,(3) 3553-39, (4) 3658-62, (5) 3688-96, (6) 3723-29,(7) 3802-12 (8) 3839-45.
10. Treat perfs w/scale inhibitor.
11. TIH w/tbg, pump & rods.
12. POP.

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

SIGNED Original by: John C. English TITLE Area supervisor DATE May 21, 1982

APPROVED BY [ ] TITLE [ ] DATE [ ]

CONDITIONS OF APPROVAL, IF ANY: