

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

30-025-23976

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator American Exploration Company	8. Farm or Lease Name Vivian
3. Address of Operator 2100 RepublicBank Center, Houston, Texas 77002	9. Well No. 2
4. Location of Well UNIT LETTER <u>K</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>30</u> TOWNSHIP <u>22S</u> RANGE <u>38E</u> N.M.P.M.	10. Field and Pool, or Wildcat South Brunson Drinkard Abo
15. Elevation (Show whether DF, RT, GR, etc.)	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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Test'd the Abo ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

9/06/88 Killed well w/KCL wtr. and swab'd back load. Perforated the Abo @ 7025-29', 6977-81', 6910-16', 6860-64', 6818-19', 6780-82', 6765-67', 6758-61', 6696-6706', 6680-82', 6765-67', 6758-61', 6696-6706', 6680-82', 6649-54'. Acidized w/260 gal. NEFE. Set pkr. @ 6550' and cont. to swab w/good show of gas & 80% oil cut.
9/09/88. Well shut in for pressure buildup prior to additional stimulation.
9/15/88 Well would not flow. SI waiting on pump equipment.
10/16/88 Placed well on production w/good pump action at rate of 8 BOPD & 340 MCFGPD.

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

Marty B. McClanahan
Signature Marty McClanahan

TITLE Production Dept.

DATE November 9, 1988

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NOV 15 1988

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