Submit 3 Copies to Appropriate District Office

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

Form C-103 : Revised 1-1-89

FEE

**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** 

WELL API NO. 30-025-26014

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease

STATE 6. State Oil & Gas Lease No.

B - 934SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) New Mexico "M" State Type of Well: GAS WELL WELL X OTHER 8. Well No. 2. Name of Operator 48 Zia Energy, Inc. 9. Pool name or Wildcat Address of Operator P. O. Box 2219, Hobbs, NM 88241 Blinebry 4. Well Location 560 West : 660 Feet From The North Feet From The Line Line and County Township 22 South hip 22 South Range 37 East 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 37 East **NMPM** Lea Section 3416' RKB Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11.

SUBSEQUENT REPORT OF:

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON

ALTERING CASING REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT

**TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING** 

CASING TEST AND CEMENT JOB

OTHER:

OTHER:

- 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed
  - This Well is downhole commingled by OCD Order No. DHC-688 in the Blinebry, 1. Tubbs and drinkard formations.
  - It is proposed to fracture treat the Blinebry formation only. 2.
  - Rig up well servicing unit pull rods, pump and tubing. 3.
  - Set a RBP at approximately 6060' to isolate the Blinebry from the Tubbs & Drinkard. 4.
  - Fracture treat the Blinebry using 40,000 gallons of gelled brine, 140 tons 5. of CO2 and 125,000# of 20/40 sand.
  - Swab and test. Return to production. 6.

(This space for State Use)  ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR  TITLE		NOV 0 1 1993
TYPEOR PRINT NAME Farris Nelson	505-393-2937	TELEPHONE NO.
I hereby certify that the information above is true and complete to the best of my knowledge and be SIONATURE TITLE	Engineer	DATE 10/27/93