

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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-22372
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No. 16232
Lease Name or Unit Agreement Name E. C. Hill "B"
Well No. 3
Pool name or Wildcat Teague Paddock Blinbery
Well Location Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line 27 Section <u>23S</u> , Township <u>37E</u> Range <u>NMPM</u> Lea County
Elevation (Show whether DF, RKB, RT, GR, etc.) 3284' GR

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ANBANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Add Perfs and stimulate <input checked="" type="checkbox"/>

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.

10/23/99
Set CIBP @ 5250'. Test to 3000#.
Perforate 5184-5199' w/2 JSPF
10/24/99
Acidize perforations w/1000 gals 15% HCL
Swab back load
10/26/99
RIH w/163 jts 2-3/8" J-55 tubing.
RIH w/rods and pump.
10/28/99
Return well to production.

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

SIGNATURE Robin S. McCarley TITLE Production Tech. DATE 11-10-99

TYPE OR PRINT NAME Robin S. McCarley TELEPHONE NO. (915) 685-8100

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JC

CT