State of New Mexico
E...y, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.
30-025-22515

5. Indicate Type of Lease
STATE ☐   FEE ☒

6. 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.)

7. Lease Name or Unit Agreement Name

G.G. Travis

1. Type of Well:
OIL WELL ☒   GAS WELL ☐   OTHER

2. Name of Operator
Mid-Continent Energy Operating Company

8. Well No.
3

3. Address of Operator
100 W. 5th Street, Suite 450, Tulsa, OK

9. Pool name or Wildcat
T. Paddock/Blinebry

4. Well Location

Unit Letter ___i___ : __2310__ Feet From The __South__ Line and __990__ Feet From The __East__ Line

Section __21__   Township __23S__   Range __37E__   NMPM   __Lea__ County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3305' GL

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

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

12. 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.

Set a CIBP @approximately 5300'. Perforate, acidize, and fracture
the Lower Paddock zone. Perforations will be 5168'-5198'. Treating
volumes are estimated at 1000 gas acid and 33,000 gas + 80,000 lbs.
sand. Pump test well.

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

SIGNATURE _____   TITLE Operations Manager   DATE 9-10-99

TYPE OR PRINT NAME   G.M. Canaday   918-587-6363   TELEPHONE NO.

(This space for State Use)   ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: