

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. 3002525941
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1484
7. Lease Name or Unit Agreement Name Citgo "AS" State
8. Well No. 2
9. Pool name or Wildcat Langlie Mattix: 7 Riv. Q. Graybur
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3380 RKB

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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Gruy Petroleum Management Co.
3. Address of Operator P.O. Box 140907, Irving, TX 75014-0907	4. Well Location Unit Letter F : 1650, Feet From The North Line and 2310 Feet From The West Line Section 2 Township 24S Range 36E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3380 RKB	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

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.

Plan to increase density of perforations by adding 2 holes per foot to the existing perforated intervals: Lower 7 Rivers: 3466'-3476', 3486'-3496', 3536'-3544'
Upper Queen: 3570'-3576', 3588'-3592', 3606'-3610', 3624'-3656' 3662'-3666'
Will follow with acid stimulation.

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

SIGNATURE J. D. Highsmith TITLE Mgr. Oper Admin. DATE 9/25/97
TYPE OR PRINT NAME J. D. Highsmith TELEPHONE NO 972/401-311

(This space for State Use)
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE EB 09 1998
CONDITIONS OF APPROVAL, IF ANY: