

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, 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  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
30-025-26877

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.  
(PUN) 18187

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

Buffalo Hump

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

8. Well No.

1

2. Name of Operator  
Kindred Petroleum Company

9. Pool name or Wildcat  
Comanche Stateline Tansill Yates SR

3. Address of Operator  
P. O. Box 411, Midland, TX 79702

4. Well Location  
Unit Letter E : 660 Feet From The West Line and 2050 Feet From The North Loc  
Section 27 Township 26S Range 36E NMPM Lea County

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

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:  
REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
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.

Commencement Date: May 23, 1994

1. Set CIBP @3300'
2. Perforate from 3180-3249'
3. Acidize w/20,000 gals foamed 20% HCL acid
4. Flow and swab test
5. Put well back on production

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

SIGNATURE

*Linda Johnston*

TITLE

Agent

DATE 5/10/94

(915) 682-5492  
TELEPHONE NO.

TYPE OR PRINT NAME

Linda Johnston

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

1994

BS

OFFICE