Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO. 30-025-27127

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

2. Name of Operator: Kindred Petroleum Company

8. Well No. 5

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

9. Pool name or Wildcat: SRQ Comanche Stateline Tansill Yates

4. Well Location
Unit Letter K : 1980 Feet From The West Line and 1980 Feet From The South Line

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:				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:	☐			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 31, 1994

1. Perforate from 3486-3530'
2. Acidize w/1000 gals 15% Acid
3. Frac w/30,000 gals + 62,000# sand
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

TYPE OR PRINT NAME Linda Johnston TELEPHONE NO. (915) 682-5462

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: