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. 30-025-27919

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No. 78884

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: Eunice Cooper

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

2. Name of Operator: Kern Co.

8. Well No. 2

3. Address of Operator: 3005 North Big Spring St., Midland, Texas 79705

9. Pool name or Wildcat: Langlie Mattix SR-QN-GB

4. Well Location
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line

Section 11 Township 24-S Range 36-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3356 GR

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.

Clean out hole to 3757'
Perforated Langlie Mattix 3742-3749. 2 JSPF
Acidized with 500 gal 15% NEFE, 2 BPM Max press 2540# ISIP Vac.

12-29-90 Tested new perfs @ 1 BOPD 27 BWPD (2 mcf/D
Zone uneconomical to produce.
1-10-91 Set CIBP @ 3620'- Dump 2 sx sand 20' on top.
Perforated new Langlie Mattix interval 3589-3594'.
Acidized w/1500 gal 15% NEFE. 3.2 BPM Max press 2050# ISIP Vac.
1-27-91 Test 1 BOPD 33 BWPD Gas TSTM

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

SIGNATURE [signature] TITLE Fieldman DATE 2-4-91

TYPE OR PRINT NAME Michael L. Wiberg TELEPHONE NO. (915) 683-4832

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE FEB 07 1991

CONDITIONS OF APPROVAL, IF ANY: