State of New Mexico Lagy, Minerals and Natural Resources Departmen

Form C-103 Revised 1-1-89

DISTRICTI P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

DISTRICT III
1000 Pio Brazos Rd. Aziec, NM 87410

OIL CONSERVATION DIVISION

2040	racne	CO SE	•
Santa	Fe.	NM	87505

well api no. 30-025-341	148	
5. Indicate Type of L	STATE X	FEE
6. Ştaje Oji & Gas Lo	ease No.	

1000 to press to the state of the				21606				
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					
1. Type of Well: OIL OAS WELL OTHER				State 30				
2 Name of Operator Cobra Oil	& Gas Corp	oration			8. Well No.			
3. Address of Operato	·	ta Falls, Te	xas	76307-8206	1	e orWildca t at - Wol	fcamp	
4. Well Location Unit Letter				Line and 19		From The	East	Line
Section	30 ////////////////////////////////////	10. Elevation (Show 3546 'gr	v whether	ange 33E DF, RKB, RT, GR, etc.)				County
11. NO	Check App TICE OF INTE	· · · · ·	dicate l	Nature of Notice, R		other Data	T OF:	
PERFORM REMEDIAL	work	PLUG AND ABANDON		REMEDIAL WORK	[X ALTERIA	IG CASING	
TEMPORARILY ABAN	DON	CHANGE PLANS		COMMENCE DRILLING	GOPNS.	PLUG A	ND ABANDON	MENT
PULL OR ALTER CAS	ING			CASING TEST AND CI	EMENT JOB			_
OTHER:				OTHER:				
12. Describe Proposed of	or Completed Operations	(Clearly state all pertinent	deiails, ai	nd give pertinent dates, inclu	ding estimated	date of starting o	ny proposed	

Rig up Schlumberger, run 1.968" Baker CIBP & set at 14,700'. Dump 3/23/98 25' cement on top - PBTD 14,675'. Perforate Wolfcamp 13,218'-13,338'. Rig up Camco coiled tubing unit & Halliburton. Acidize perfs with 3000 gallons 15% Ferchek acid. Flow test well. Shut well in. Prepare to plug back & test Bone Springs Sand.

I hereby certify that the information above ja true and complete to the best of my knowledge and belief. DATE 3/21/98 Production Supervisor SIGNATURE . 940 716-5100 TELEPHONE NO. Production Supervisor TYPE OR PRINT NAME (This space for State Use) OPHGINAL BIONED BY

TITLE

21

BARY WINK FIELD REP.

CONDITIONS OF APPROVAL, IF ANY:

work) SEE RULE 1103.

No Production