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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Supersedes C-101
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR OPERATIONS TO BE CARIED OUT IN A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO DRILL FOR A DIFFERENT RESERVOIR.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	5a. Indicate Type of Lease State ☐ Fee ☒
2. Name of Operator Cities Service Company	5. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 1919 Midland, TX 79702	7. Unit Agreement Name
4. Location of Well UNIT LETTER <u>L</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>1</u> TOWNSHIP <u>25S</u> RANGE <u>37E</u> N.M.P.M.	6. Form of Lease Name Hodges "B"
	9. Well No. 2
	10. Field and Pool, or Wildcat Justis McKee, North
11. Elevation (Show whether DF, RT, GR, etc.) 3134.5' DF	12. County Lea

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 ☐	OTHER ☐	CASING TEST AND CEMENT JOG ☐	
		OTHER <u>P&A McKee & Ellenburger zones & complete in Fusselman.</u> ☒	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1503.

T.D. 8,457' McKee perf. 7,993' - 8,090'. Ellenburger perf. 8,400' - 8,430'.
both zones TA.

1. MIRU pulling unit - kill well - install BOP.
2. Pull tubing (1 jt in wellhead).
3. CO to 8,350' w/6-1/8" RB and casing scraper
4. Set packer plug in Model D packer @ 8,350'. Dump 10 sx cement on top of plug.
5. Set CIBP @ 7,900'. Dump 10 sx cement on top of CIBP.
6. RIH w/2-3/8" tubing to 7,131'. Spot 300 gal acetic acid. POOH.
7. Run correlation log. Perforate Fusselman w/2 SPF
8. RIH w/treating packer on 2-3/8" EUE tubing. Set packer @ 6,850'.
9. Acidize Fusselman w/6000 gal
10. Swab treatment and test.

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

SIGNED E. Spindler TITLE Region Operations Manager DATE 6-20-78

APPROVED BY John Runyan TITLE Geologist DATE JUN 20 1978

CONDITIONS OF APPROVAL, IF ANY