

NO. OF COPIES RECEIVED		
DISTRIBUTION	✓	
ARTIST	✓	
FILE	✓	✓
S.G.S.		
FIELD OFFICE	✓	
OPERATOR		

RECEIVED BY  
**JUL 2 1985**  
 O. C. D.  
 ARTESIA OFFICE

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

56. Indicate Type of Lease  
 State  Free   
 5. State Oil & Gas Lease No.  
 L-1022

SUNDRY TRACTS AND DEBITS ON WELLS  
 DO NOT USE THIS FORM FOR PRODUCTION TO BE CREDITED TO A DIFFERENT RESERVOIR.  
 (SEE INSTRUCTIONS FOR VENTILATION AND OTHER USES FOR FORM C-101)

Oil Well  Gas Well  OTHER \_\_\_\_\_

Operator  
 Mox Oil Co., Inc. ✓  
 P.O. Drawer I Artesia, NM 88210

7. Unit Agreement No.  
 8. Name of Lease (State)  
 Guajalote State  
 9. Well No.  
 #4  
 10. Field and Pool, or Well Unit  
 S. Loco Hills O-G-SA

UNIT DEPTH I 2100 FEET FROM THE South LINE AND 990 FEET FROM  
 East LINE, SECTION 5 TOWNSHIP 19S RANGE 29E NEPMN.

11. Elevation (Show whether DP, RT, GR, etc.)  
 3395.8' GL  
 12. County  
 Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
 NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

FORMER REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
RECENTLY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
WORK AFTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER Acidize & Frac <input checked="" type="checkbox"/>	

Date of Completion of Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

6/11/85 Acidize perf's 2545' - 2680' with 700 gal. 7½% DS-30 and 1500 gal. 20% DS-30. Frac with 50,000 gal. 20# gel. 2% KCl, 90,000#'s 20/40 sand. Treating pressure: min. 2600# max. 3000# Avg. 2900#. Avg. injection rate 52 bbl/min ISDP 1100#. Shut in.

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

Original Signed By Les A. Clements TITLE Supervisor District II DATE July 1, 1985  
 Original Signed By Les A. Clements TITLE Operator DATE JUL 1 1985