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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- <input type="checkbox"/>		7. Unit Agreement Name	
2. Name of Operator William C. Russell		8. Farm or Lease Name Hartman	
3. Address of Operator 1775 Broadway, New York, New York 10019		9. Well No. 2	
4. Location of Well UNIT LETTER *A , 976 FEET FROM THE N LINE AND 976 FEET FROM THE E LINE, SECTION 31 TOWNSHIP 29N RANGE 11W NMPM.		10. Field and Pool, or Wildcat Fulcher Kutz P.C.	
15. Elevation (Show whether DF, RT, GR, etc.) 5390		12. County San Juan	

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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 1103.

Removed plug from tubing and cleaned tubing and casing with KENCO acid treatment.

Treated formation with 200 gals. acid. Swabbed-in.

Well cleaned and tubing blew to pit for twelve hours.

Well shut-in awaiting return to production.



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

SIGNED <u>William C. Russell</u>	TITLE Operator	DATE 9-7-67
APPROVED BY <u>Ernest C. Amis</u>	TITLE SUPERVISOR DIST. #3	DATE SEP 18 1967
CONDITIONS OF APPROVAL, IF ANY:		