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LAND OFFICE		
OPERATOR		

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 Fee

5. State Oil & Gas Lease No.
E-605

7. Unit Agreement Name

8. Farm or Lease Name
State AW

9. Well No.
1

10. Field and Pool, or Wildcat
Dean Devonian

12. County
Lea

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 GAS WELL OTHER

2. Name of Operator
Cities Service Oil Company

3. Address of Operator
P. O. Box 69, Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER **0** **660** FEET FROM THE **South** LINE AND **1980** FEET FROM THE **East** LINE, SECTION **35** TOWNSHIP **15S** RANGE **36E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3850 GR

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

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER _____

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER _____

ALTERING CASING

PLUG AND ABANDONMENT

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.

It is proposed to perform remedial work on the above well as follows:

1. Set cast iron bridge plug at approximately 10,700' and dump 1 sack cement on top of B.P.
2. Perforate for production the interval 10,658-10,670' w/2 holes/foot - total 24.
3. Acidize with 2500 gallons of 15% SRA-3 with an overflush of 1250 gallons demulsifier treated water thru Dean Devonian formation 10,658-10,670'.

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

ORIGINAL SIGNED
G. D. ROBERTSON

SIGNED _____ TITLE **District Office Manager** DATE **February 4, 1969**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: