

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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  
Date  Fee   
5. State Oil & Gas Lease No.  
**K-6725**

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: **Western Oil Producers, Inc.**  
3. Address of Operator: **P.O. Box 2055, Roswell, New Mexico 88201**  
4. Location of Well:  
UNIT LETTER **0** **660** FEET FROM THE **South** LINE AND **1980** FEET FROM  
THE **East** LINE, SECTION **29** TOWNSHIP **16-S** RANGE **33-E** N.M.P.M.  
13. Field and Pool, or Milsect: **Undesignated**  
14. Elevation (Show whether DB, RC, CR, etc.): **GR 4222**  
15. County: **Lea**

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"/>	REPAIR WELL <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING WORK <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	BASIC TEST AND STATEMENT JOB <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.

R. U. Unit, set bridge plug 10,841', perf. 10,702'-10,706', 10,740'-10,743'  
10,749'-10,760', 10,772'-10,777', 1-43 shot/ft., total 27 holes.  
Set packer 10,529', treated w/10,000 gal. 15% NE, swabbed back acid  
wtr. well started flowing, flowing approx. 90 bbl/day. Well died on  
third day, swabbed off again, well died third day, now waiting on pumping  
unit.

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

SIGNED *Arnold Newkirk* TITLE Asst. Supt. DATE 8/2/77

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**AUG 5 1977**

RECEIVED

1977

GIL CONSERVATION COMM.  
HOBBS, N. M.