

NEW MEXICO OIL CONSERVATION COMMISSION

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

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. E-8428	
7. Unit Agreement Name	
8. Farm or Lease Name LSA	
9. Well No. #1	
10. Field and Pool, or Wildcat Double A South Abo	
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>
2. Name of Operator A. C. Holder
3. Address of Operator Box 1476, Lovington, New Mexico
4. Location of Well UNIT LETTER G , 1980 FEET FROM THE N LINE AND 1980 FEET FROM THE E LINE, SECTION 30 TOWNSHIP 17-S RANGE 36-E N14PM.
15. Elevation (Show whether DF, RT, GR, etc.) 3881 GR

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

PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING
 OTHER

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
 CASING TEST AND CEMENT JOB
 OTHER

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.

Hole loaded with lease oil, acidized with 20,000 Gal. Halliburton CRA with ball sealers on July 26, 1966. Packer released, pump run in well. Load oil recovered 7/30/66, production rate 87 bbls new oil, 35 bbls acid water 24 hours. Approximately 40% acid water recovered.

Request immediate increase in allowable to a minimum of 80 bbls per day.

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

SIGNED A. C. Holder TITLE **Operator** DATE **August 1, 1966**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

