

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
E-7585

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.)

OIL WELL GAS WELL OTHER

7. Unit Agreement Name

8. Farm or Lease Name
N.M. "CG" State NCT-1

9. Well No.
2

10. Field and Pool, or Whidcat
Vacuum Glorieta

11. Elevation (Show whether DF, RT, GR, etc.)
3985' (DF)

12. County
Lea

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"/>

14. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1503.

- Rigged up. Pulled rods and pump.
- C/O to TD 6242'.
- Spotted w/50 gal. Xylene and 100 gal. Ammon Bicarb across perfs 6101-6160'.
- Perfed 2 7/8" csg. w/2 JSPI 6045,74,75,83,86, 6111, 12 & 14 (18 intervals, 16 holes).
- Acidized w/20 gal. 15% NEFE in 2 stages w/500# RS between stages.
- Installed production equipment. Test and place on production.

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

SIGNED W. B. Calk TITLE Dist. Opr. Mgr. DATE 6/6/85

PROVED BY ORIGINAL SIGNED BY: [Signature] DISTRICT SUPERVISOR TITLE _____ DATE JUN 11 1985

CONDITIONS OF APPROVAL, IF ANY: _____

RECEIVED

JUN 10 1985

C. D. D.
HOBBS OFFICE