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

NEW MEXICO OIL CONSERVATION COMMISSION C. C.

MAY 13 3 15 PM '69

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.
NM-2 A

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"/>	7. Unit Agreement Name
2. Name of Operator Corinne Grace	8. Firm or Lease Name State "AI"
3. Address of Operator c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER P 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 20 TOWNSHIP 10S RANGE 33E NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 4250 GR	12. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER Squeeze bottom perms <input checked="" type="checkbox"/>	OTHER Re-entry <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

Re-entered 2/25/69. Cleaned out to plug at 4485. Perforated 4403, 16, 26, 31, 37, 46, 50, 56, 62, 71 and 4475. Treated with 3,000 gallons 3% acid and 3,000 gallons 23% acid. Swabbed 6 bbls fluid per hour for 8 hours cut 30% to 50% oil. Shut in over night. Swabbed salty water with seum oil for 6 hours. Ran tracer survey, found all treatment into bottom 2 perforations, believe communication behind plug. Shut in 3/5/69.

It is proposed to squeeze bottom 2 perforations and swab test.

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

SIGNED *H. L. Smith* TITLE Agent DATE 5/13/69

APPROVED BY *[Signature]* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: