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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 NM Fee

5. State Oil & Gas Lease No. 1167

7. Unit Agreement Name

8. Farm or Lease Name  
State "J"

9. Well No. 4

10. Field and Pool, or Wildcat  
Monument

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  
Gatty Oil Company

3. Address of Operator  
Box 249, Hobbs, N. Mex.

4. Location of Well  
UNIT LETTER C, 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 17 TOWNSHIP 19S RANGE 37E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
3720 DF

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 Recomplete in gas zone

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.

Rigged up 10-24-67. Set CIBP at 3940'. Dumped cement from 3940 back to 3930'. Perforated 7" casing with two jets per foot from 3600' to 3623 and 3633 to 3686'. Spotted acid over perforations. Set tubing at 3535', packer at 3525'. Broke down at 2200# back to 1500#. Treated w/5000 gals. 15% NE acid and 159 ball sealers. Maximum treating pressure 2200#, minimum 2000#. ISIP 1500#, 15 minute SIP Off. Average treating rate 4 BPM. Swabbed dry. Cleaned up on 20/64" choke. Re-set tubing at 3541' and Sweet packer w/holddown at 3531'. Made two runs w/swab and well kicked off. Shut-in at 12 noon 10-28-67 for multi-point test.

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

Original Signed By

C. L. WADE

TITLE Area Supt.

DATE 11-28-67

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: