

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-66

NAME _____
ADDRESS _____
LAND OFFICE _____
OPERATOR _____

Oil Lease Type of Lease
State Fed
State Oil & Gas Lease No. _____

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.
(SEE REGULATIONS FOR PERMIT L-11 (FORM C-101) FOR SUCH PROPOSALS.)

1. Well Gas Well Other

2. Name of Lessee
Anschutz Home Corporation

3. Address of Operator
Drawer #24, Monument, New Mexico 88265

4. Location of Well
UNIT LETTER X 330 FEET FROM THE South LINE AND 330 FEET FROM
THE West LINE, SECTION 5 TOWNSHIP 20-S RANGE 37-E N.M.P.M.

5. Elevation (Show whether DF, RT, GR, etc.)
3568' DF

6. Name of Lessee (Same)
H.S. Adams

7. Unit Agreement Name

8. Well No.
3

9. Field and Pool, or Well Unit
Monument - Paddock

10. 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 checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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"/>

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.

Plan to run tubing with packer. Plug back with sand to 5181'. Squeeze casing perfs. 5178' to 5181' with 25 sx. cement. Reverse sand out of hole. Acidize perfs. 5182' to 5220' with 2000 gals. 15% NE acid. Run tubing and gas lift valves. Restore well to producing status.

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

SIGNATURE [Signature] TITLE Supver., Admin. Services DATE 7-18-74

SIGNED BY _____ TITLE _____ DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: