| NO. OF COPIES RECE | EIVED | | | Form C-103 |
|-------------------------|---|-------------------------------------|-------------------------------------|--|
| DISTRIBUTIO | N | | | Supersedes Old C-102 and C-103 |
| SANTA FE | | NEW MEXICO OIL CONS | ERVATION COMMISSION | Effective 1-1-65 |
| FILE | | | • | |
| U.S.G.S. | | | | Su, Indicate Type of Lease |
| LAND OFFICE | | | | State Fee X |
| OPERATOR | | | | 5. State Off & Gas Lease No. |
| | | | | |
| (DO NOT HEE | SUNDRY NO | TICES AND REPORTS ON | WELLS | |
| | USE **APPLICATION FOR | PERMIT - " (FORM C-101) FOR SU | H PROPOSALS.) | |
| اً. | GAS | | | 7. Unit Agreement Name None |
| WELL X | WELL OT | HER. | | 8. Farm or Leane Name |
| 2. Name of Operator | | | | J. R. Phillips |
| TEXA: | AA \ | | | S. Well No. |
| 3. Address of Operat | | 0 | | 8 |
| 1 loggiton of Wall | Box 724, Hobbs, | , Rem Mexico 85240 | | 18. Field and Pool, or Wildcat |
| 4. Location of avail | | | 20/7 | Monument - Blinebry |
| UNIT LETTER | _F | FEET FROM THE NOTT | CLINE ANDFEET | FROM THE |
| | | / | 45 F | |
| THE West | LINE, SECTION | | <u> -S</u> range <u>37-E</u> | имрм. (//////////////////////////////////// |
| mmm | | 15, Elevation (Show whether | DF, RT, GR, etc.) | 1z, County |
| | | | | |
| Y | | |) | |
| | | - | lature of Notice, Report of | |
| | NOTICE OF INTEN | TION TO: | SUBSEQ | UENT REPORT OF: |
| | (***1 | r | iv. | 1. |
| PUBEORIS STRUCTURE V | и эне и | PEUG ARO ABANDON | REMEDIAL WORK | |
| TEMPONARIE ARABOT | - | 1.1 | COMMINGS DRILLING OPEN, | PLUG AND AMANDONMENT |
| PULL OR ALTER CASTN | iu [] | CHANGE PLANS | CADING TEST AND CEMENT JUN | .) |
| | | التا ا | OTHER | |
| OTHER | n in the state of | | | |
| | | in (Clearly state all pertinent det | ails, and give pertinent dates, inc | luding estimated date of starting any proposed |
| work) SEE RULI | a. 1103. | | | |
| TEXACO | HAS COMPLETED T | THE FOLLOWING WORK O | N SUBJECT WELL: | |
| | | | | |
| l. Pull | L rods, pump, an | id tubing. | | |
| 2. Peri | Corate 5 1/2" 0. | D. casing with 2 JS | PF from 5620'-5635', | 5643'-5648', and |
| | nots @ 5653 '。 | | | |
| | | oing with packer and | | |
| 4. Acid | lize w/7500 gall | ons 15% acid as fol | Lows: | |
| a.) |) 700# rock salt | , in melled brine for | llowed w/500 gal. 15) | Unisol acid. |
| | | | llowed w/2000 gal. 1 | 5% Unisol acid. |
| Co |) 2500 gal. 15% | Unisol acid. | 10500 | |
| | | | llowed w/2500 gal. 19 | onisol acid. |
| | | re-run pumping equip | ment. | |
| 6. Test | and return well | 1 to production. | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 18. I hereby certify th | hat the information above | is true and complete to the best | of my knowledge and belief. | |
| • • | Nach 1 | | Assistant District | |
| -4 | (T) Select | | Superintendent | DATE December 31, 1968 |
| SIGNED | 1 | TITLE | | DATE TO STATE OF THE STATE OF T |
| 6.7 | 1 , ~ \$ 1 |) | | 100 0000 |
| | bel (X) IZZ | 301 | | DATE |
| APPROVED BY | x y y | TITLE | | VA.15 |
| CONDITIONS OF AP | PROVAL, IF ANY: | | | |