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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 Free

5. 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.
USE "APPLICATION FOR PERMIT - L" (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 None
2. Name of Operator MEXICO Inc.	8. Farm or Lease Name J. R. Phillips
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 8
4. Location of Well UNIT LETTER F 2310 FEET FROM THE North LINE AND 2261 FEET FROM THE West LINE, SECTION 6 TOWNSHIP 20-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Monument-Blinebry
15. Elevation (Show whether DF, RT, GR, etc.) 3575' (D. F.)	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 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 _____	

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.

We propose to do the following work on subject well:

1. Pull rods, pump, and tubing.
2. Perforate 5 1/2" od casing w/2JSPF from 5620' to 5635'.
3. Run tubing with packer and set at 5550'.
4. Acidize w/7500 gallons 15% Kleen-Flo in 3 stages as follows:
 - a.) 2500 gals 15%, 1200// rock salt in gelled brine.
 - b.) 2500 gals 15%, 1000// rock salt in gelled brine.
 - c.) 2500 gals 15%. Flush and over flush.
5. Swab and test.
6. If necessary run pumping equipment. Return to production.

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

SIGNED: W.B. Morgan TITLE: Assistant District Superintendent DATE: November 25, 1968

APPROVED BY: [Signature] TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY: