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NEW MEXICO OIL CONSERVATION COMMISSION

OCT 25 11 52 AM '68

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

5a. Indicate Type of Lease  
State ☒ Fee ☐

5. State Oil & Gas Lease No.

E 5231

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 MINERALS, INC.	8. Farm or Lease Name BASS STATE
3. Address of Operator P. O. BOX 2215, HOBBS, NEW MEXICO 88240	9. Well No. 3
4. Location of Well UNIT LETTER D, 330 FEET FROM THE NORTH LINE AND 990 FEET FROM THE WEST LINE, SECTION 18 TOWNSHIP 20 S RANGE 33 E NMPM.	10. Field and Pool, or Wildcat SALT LAKE
15. Elevation (Show whether DF, RT, GR, etc.)	12. County

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐ CHANGE PLANS ☐  
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
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.

9/15/68 Set bridge plug at 3085. Perforated 3032-34, 3036-42, 3044-46, 3050-54, 3062-65 with one SPF.

9/16/68 Acidized with 500 gallons and fractured with 20,000 gallons gelled brine and 20,000# sand. Maximum pressure 3600#. Rate 20 BPM.

9/17/68 Put well back to pumping.

10/24/68 Pumping 24 hours - 8 BO, 5.5 BW, Gas TSTM.

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 OPERATIONS MANAGER

DATE 10/24/68

APPROVED BY

John W. Runyan

TITLE

DATE

OCT 28 1968

CONDITIONS OF APPROVAL, IF ANY: