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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Firm or Lease Name Lou Wortham
9. Well No. 3
10. Field and Pool, or Wildcat Penrose-Skelly
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator ANADARKO PRODUCTION COMPANY
3. Address of Operator P. O. Box 806, Eunice, New Mexico 88231
4. Location of Well UNIT LETTER C 660 FEET FROM THE North LINE AND 1800 FEET FROM THE West LINE, SECTION 11 TOWNSHIP 22-S RANGE 37-E N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) 3366' GR

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

1. RUPU and pulled rods and tubing, 6-21-76;
2. Checked T.D. at 3812';
3. Fracture treated formation w/100,000 gals 9# gelled Brine, 20,000# 100 Mesh, 40,000# 10/20 & 62,000# 20/40 sand in four stages, using three block stages of 1500, 1500, & 2000# rock salt; Avg. treating pressure, 1500 PSIG; Avg. Inj. Rate, 40 BPM; ISDP, 900#; 2498 Bbls. load to recover, 6-22-76;
4. Ran tubing and rods, RDPU, 6-23-76;
5. Setting pumping equipment, 6-24-76;
6. Put well pumping, 6-26-76;
7. Testing - Form C-116 will follow.

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

SIGNED Arb Anderson TITLE Area Supervisor DATE 06/28/76

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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15. Elevation (Show whether DF, RT, GR, etc.) 3366' GR		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
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PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT .QB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

1. RUPU & pull rods and tubing, 6-21-76;
2. Sand pump to T.D., 3812';
3. Fracture treat formation w/104,000 gallons 9# gelled brine and 140,000# sand;
4. Run tubing & rods, put well back on production;
5. RDPU.

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

SIGNED Arb Anderson TITLE Area Supervisor DATE 06/16/76

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: