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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 [X]   Fee. [ ]

5. State Oil & Gas Lease No.
E-9697

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 [X]   GAS WELL [ ]   OTHER-

2. Name of Operator
Delaware Apache Corporation

3. Address of Operator
1720 Wilco Building, Midland, Texas 79701

4. Location of Well
UNIT LETTER **A** , **660** FEET FROM THE **North** LINE AND **660** FEET FROM
THE **east** LINE, SECTION **22** TOWNSHIP **14 south** RANGE **34 east** NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
High Plains

9. Well No.
1

10. Field and Pool, or Wildcat
High Plains Penn

15. Elevation *(Show whether DF, RT, GR, etc.)*
4103.9 GR

12. County
Lea

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 [ ]	CHANGE PLANS [ ]
PULL OR ALTER CASING [ ]	
OTHER _____ [ ]	

SUBSEQUENT REPORT OF:

REMEDIAL WORK [X]	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.

10-22-68   Cardinal Chemical Co. acidized perf's 10,438'-10,512' w/500 gal 15% MEC acid. Injection pressure - 0, immediate shut down pressure - vacuum.

10-23-68   Well pumped 85 BLO in 24 hours.

10-24-68   Well pumped 30 BLO and 61 BNO in 24 hours

10-25-68   Well pumped 71 BNO in 24 hours.

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

SIGNED _Roy N. Reeves_   TITLE **District Production Foreman**   DATE **10-30-68**

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: