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NEW MEXICO OIL CONSERVATION COMMISSION

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

SEP 20 10 17 AM '68

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
E-2929

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 Cities Service Oil Company	8. Farm or Lease Name State BM
3. Address of Operator P. O. Box 69 - Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER K , 1980 FEET FROM THE West LINE AND 1980 FEET FROM THE South LINE, SECTION 16 TOWNSHIP 15S RANGE 36E NMPM.	10. Field and Pool, or Wildcat Caudill Devonian
15. Elevation (Show whether DF, RT, GR, etc.) 3912 DF	12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER **Recomplete in Strawn Formation**

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER

ALTERING CASING

PLUG AND ABANDONMENT

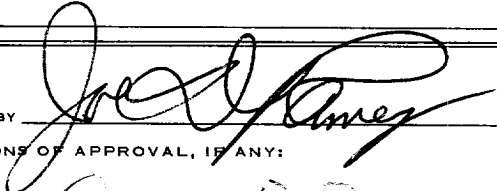
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

It is proposed to recomplete State BM #1 as a Strawn producer in the following manner:

1. Set BOP w/one set blind rams.
2. Run Gamma Ray-Neutron-CCL Log.
3. Set bridge plug at 13,000'.
4. Perforate below and above Strawn and block squeeze.
5. Selectively perforate the Strawn interval 11,466-494' for production and acidize with 2000 gallons.

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

SIGNED _____ TITLE **District Clerk** DATE **9-25-68**

PROVED BY  TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

C-1 EP 4