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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 <input type="checkbox"/>	Fee <input type="checkbox"/>
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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Abandoned dry hole.	7. Unit Agreement Name
2. Name of Operator C. E. LONG	8. Farm or Lease Name Rector
3. Address of Operator Box 1578, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER H , 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 31 TOWNSHIP 21-S RANGE 36-E NMPM.	10. Field and Pool, or Wildcat Eumont
15. Elevation (Show whether DF, RT, GR, etc.) 3633' ground	12. County Lea

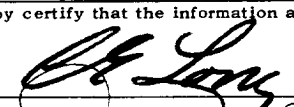
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

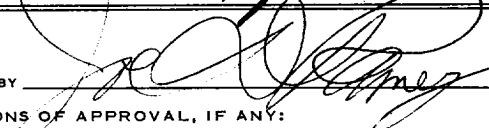
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	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 JOB <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.

Perforated with 2 jet shots per depth as follows: 3360, 3346, 3330, 3320, 3314, 3296, 3288, 3274 and 3264 feet and acidized with 1000 gallons of HCl (15%) and swabbed dry on 6/18/70. Perforated with 1 jet shot per depth as follows: 3599, 3583, 3568, 3555, 3545, 3533, 3512, 3499, 3482, 3464, 3448 and 3427 feet on 6/19/70. Acidized perforations at 3599-3427' with 3000 gal. 15% HCl and fracture treated through perforations at 3599-3264' with 19,000 gallons water and 26,000 pounds of sand on 6/20/70. Swabbed out treatment water and acid water on 6/21/70 and 6/22/70. Installed pumping equipment on 6/23/70. Continuing to test well.

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

SIGNED  TITLE Owner-operator DATE 7/23/70

APPROVED BY  TITLE STATE REPRESENTATIVE DATE 7/23/70

CONDITIONS OF APPROVAL, IF ANY: