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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  Fee

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 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 Brunson B
3. Address of Operator Box 4906 - Midland, Texas 79701	9. Well No. 5
4. Location of Well UNIT LETTER <u>1</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>4</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> N.M.P.M.	10. Field and Pool, or Wildcat Drinkard
15. Elevation (Show whether DF, RT, GR, etc.) 3447' GR.	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 \_\_\_\_\_

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.

O.T.D. 6580 Lime. We propose to workover this well in the following manner:

1. MIRU workover Unit, Kill well and Pull Tubing.
2. Set a CIBP @ approximately 6496' (4' above 5 1/2" csg. shoe set and cemented @ 6500' w/350 sacks).
3. Perforate new Drinkard Zone w/1 hole each @ selected 1 ft. intervals from approximately 6315' - 6495'.
4. Run tubing w/packer and acidize new Drinkard Zone.
5. Swab well in, Test and place on production.

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

SIGNED [Signature] TITLE Region Operation Manager DATE October 1, 1973

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

CONDITIONS OF APPROVAL, IF ANY: