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# NEW MEXICO OIL CONSERVATION COMMISSION

JUL 27 9 11 AM '67

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 checked="" type="checkbox"/>
5. State Oil & Gas Lease No.		
7. Unit Agreement Name		
8. Farm or Lease Name		
9. Well Name	W. E. Mathers "A"	
10. Field and Pool, or Wildcat	Bagley Devonian	
12. County		

## 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.)

OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER-
Name of Operator		
3. Address of Operator		
4. Location of Well		
UNIT LETTER	660	FEET FROM THE North LINE AND 1980 FEET FROM
THE East LINE, SECTION 3 TOWNSHIP 12-S RANGE 33-E NMPM.		

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

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

### NOTICE OF INTENTION TO:

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

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>

### SUBSEQUENT REPORT OF:

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

Pulled tubing and production equipment. Ran 2-3/8" reg. tubing on 2-3/8" EUE tubing. Pulled tubing. Reran tubing with Baker seal nipple. Acidized casing perfs. 10,938' to 10,966' with 5000 gals. 28% NE acid. Swabbed 202 bbls. acid and treated fresh water. Pulled tubing and reran production equipment on tubing. Resumed pumping.

NOTE: No change in well status or classification.

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

SIGNED	B. J. [Signature]	TITLE	District Superintendent	DATE	7-26-67
APPROVED BY	[Signature]	TITLE		DATE	
CONDITIONS OF APPROVAL, IF ANY:					