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HOBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION

MAY 31 8 33 AM '68

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

3d. Indicate Type of Lease
 State ☒ Fee ☐
 5. State Oil & Gas Lease No.
 State B - 10272

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 ☐ GAS WELL ☐ OTHER-
 2. Name of Operator
 CHIMACO Inc.
 3. Address of Operator
 P. O. Box 728 Hobbs, New Mexico 88240
 4. Location of Well
 UNIT LETTER C 660' FEET FROM THE North LINE AND 1980' FEET FROM
 THE West LINE, SECTION 11 TOWNSHIP 12-S RANGE 32-E NMPM.

7. Unit Agreement Name
 None
 8. Well No.
 1
 10. Field and Pool, or Wildcat
 Undesignated

15. Elevation (Show whether DF, RT, GR, etc.)
 4371 (DF)

12. County
 Lea

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"/>	

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.

The following work has been completed on subject well:

1. Set CI bridge plug @ 10,490'. Dmp'd 4 1/2 gal hydromite on BP. PBTD 10,485'.
2. Perforate 5 1/2" casing w/2 JSPF from 9895' to 9908', 9916' to 9930'.
3. Ran tubing w/packer to 9935'.
4. Acidize w/1,000 gals 15% NEA acid. Re-acidize w/4,000 gals 15% CRA and swab.
5. Well TR-0. Held remedial operations May 28, 1968.

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

SIGNED [Signature] TITLE Assistant District Superintendent DATE MAY 23, 1968

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: