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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 [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name

2. Name of Operator
Walter J. Nelson

8. Farm or Lease Name

3. Address of Operator
2072 Mare, Salina, Kansas 67401

9. Well No.
1

4. Location of Well
UNIT LETTER **P**, **660** FEET FROM THE **North** LINE AND **660** FEET FROM THE **East** LINE, SECTION **31** TOWNSHIP **6-N** RANGE **8-E** NMPM.

10. Field and Pool, or Wildcat

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

12. County
Torrance

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON [XX]		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER **Cement behind 5½" Casing** [X]		OTHER ☐	

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.

We want to acidize and swab test zone from 1532 to 1582 feet before we abandon hole. About December 15, 1967, we hope to be able to start the final phase in completing this well. We will place additional cement behind the 5½" casing before additional testing is made to make certain that the water zone at approximately 300 feet is isolated from the zones being tested.

OCT 18 PM 1 22

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

SIGNED Walter J Nelson TITLE Operator DATE 10-12-67

APPROVED BY H. Kaptenia TITLE Oil & Gas Inspector, Dist IV DATE Nov. 6, 1967

CONDITIONS OF APPROVAL, IF ANY: