

RECEIVED

Form C-103
Supersedes GM
C-102 and G-103
Effective 1-1-65

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1 Y
U.S.G.S.	
LAND OFFICE	
OPERATOR	1

NEW MEXICO OIL CONSERVATION COMMISSION

MAY 16 1980

O. C. D.
ARTESIA, OFFICE

5a. Indicate Type of Lease

State Fee

5. State Oil & Gas Lease No.

L4039

SUNDAY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR INJECTION TO OIL AND GAS CONSERVATION COMMISSION
OR APPLICATION FOR DRILLING PERMIT OR FOR PROPOSAL.

OIL WELL GAS WELL OTHER

6. Name of Operator
Martin B. Muncy

7. Address of Operator
P.O. Box 196 Artesia, New Mexico 88210

8. Location of Well

UNIT LETTER A FEET FROM THE North LINE AND 330 FEET FROM
THE East LINE, SECTION 36 TOWNSHIP 6 S RANGE 27 E NUMBER

15. Elevation (Show whether DE, RT, GR, etc.)
3940.8 GL

6. Name of Lease Name

WFM State

9. Well No.

1

10. Field and Pool, or wildcat
wildcat12. County
Chaves

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING

PLUG AND ABANDON
CHANGE PLANS

REMEDIAL WORK
COMMENCE DRILLING OPS.
CASING TEST AND CEMENT JOB
OTHER

ALTERING CASING
PLUG AND ABANDONMENT

initial perforation and stimulation

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 1503.

3-7-80 Shot two shots per foot at 2267, 2268 and 2269. Ran tubing and spotted then pumped 1000 gallons 15% HCL, NE, FE, acid. Swabbed water. Set permanent bridgeplug at 2240 ft.

3-10-80 Shot one perforation per foot at 2026 through 2023 ft. One shot per foot 2003, 2004 and 2005 ft. Also at 2011 and 2013 ft. Pumped 2500 gallons 20% HCL, NE, FE and swabbed tested through 3-13-80. Some oil show, some formation water. Ran pump and began to evaluate potentials with pumping unit. Well continues to make 3 Bbls. per day total fluid with a 15% oil cut. It is my intention to further stimulate the well by fracturing.

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

Signature

3/19/80

SIGNED

TITLE

SUPERVISOR, DISTRICT II

DATE

MAY 19 1980

APPROVED BY W.A. Gressett TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY