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SANTA FE	✓	
FILE	✓	✓
U.S.G.S.		
LAND OFFICE		
OPERATOR	✓	

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

NEW MEXICO OIL CONSERVATION COMMISSION

30-005-62491

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SEP 02 '87
O. C. D.
ARTESIA, OFFICE

5a. Indicate Type of Lease
State [XX] Fe

5. State Oil & Gas Lease No.
LH-754

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 [X] OTHER-

7. Unit Agreement Name

2. Name of Operator
CARL A. SCHELLINGER

6. Farm or Lease Name
GLO STATE

3. Address of Operator
POST OFFICE BOX 447, ROSWELL, NEW MEXICO 88201

9. Well No.
1

4. Location of Well
UNIT LETTER L . 1980 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 5 TOWNSHIP 9-S RANGE 27-E NMPM.

10. Field and Pool, or Wildcat
UND. N. FOOR RANC

15. Elevation (Show whether DF, RT, GR, etc.)
3906 GR; 3916 DF

12. County
Chaves

16. 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 [ ]
PLUG AND ABANDON [ ]
CHANGE PLANS [ ]
OTHER [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]
COMMENCE DRILLING OPNS. [ ]
CASING TEST AND CEMENT JOB [ ]
OTHER Perf & Test
ALTERING CASING
PLUG AND ABANDONM

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any p work) SEE RULE 1103.

8-1-87 Perforated .42" @ 6370,6372,6374,6376,6378,6380,6381;
Acidized 2000 gal 20% NeFe. Swab Rec Load, Swab 210 BFW, 11 hrs.

8-5-87 Set CIBP @ 6350 with 17' Cement on Top, Tested @ 2000 psi OK., Ran tubing and
set Pkr @ 6164', Perf Penn .42" @ 6229,6234,6236,6237,6238,6240,6243,6245,6247,6248
Acidize 1000 gal 15% NeFe; Frac 28000 gal Pur Jel 30 + 45000# 20/40 sd + 60 tons CO

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

SIGNED [signature] TITLE OPERATOR DATE 08/27/87

APPROVED BY Original Signed By Leslie A. Clements TITLE Supervisor District II DATE SEP 1 0 1987

CONDITIONS OF APPROVAL, IF ANY: