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NEW MEXICO OIL CONSERVATION COMMISSION

NOV 13 1978

O. C. C.
ARTESIA, OFFICE

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. State B-7762
7. Unit Agreement Name
8. Farm or Lease Name Dublin State
9. Well No. 1
10. Field and Pool, or Wildcat Square Lake
12. County Eddy

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REPERFORATE OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT L-1 (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator C.O. Fulton
3. Address of Operator P.O. Box 1121 Artesia, NM 88210
4. Location of Well 1980 UNIT LETTER I 1985 FEET FROM THE South LINE AND 660' FEET FROM THE East LINE, SECTION 3 TOWNSHIP 17S RANGE 29E 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: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" 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 above well was fractured by Halliburton Services on 4-4-77 with 500 gal. acid & 20,000 gal. gelled water & 30,000 lb. of frack sand OH 1876-2687 & returned to production status.

There was no noticeable increase in production after fracking.

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

SIGNED *C.O. Fulton* TITLE _____ DATE _____
APPROVED BY *W.A. Gussert* TITLE SUPERVISOR, DISTRICT II DATE NOV 14 1978
CONDITIONS OF APPROVAL, IF ANY: